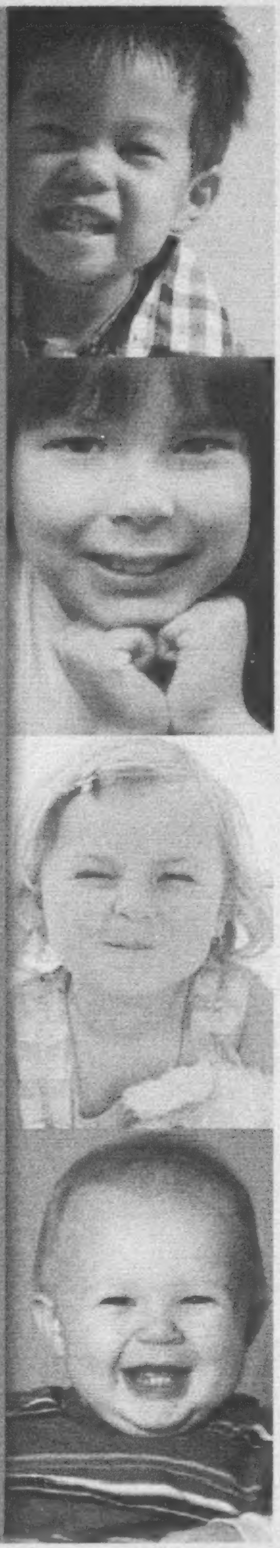
UNDERSTANDING THE CHILD DAY CARE Regulations

A Handbook for Early Childhood Programs

Northwest Territories Education, Culture and Employment



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Acknowledgements

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Special thanks go to the Canadian Child Care Federation (CCCF) (cccf-fcsge.ca) and Canadian Paediatric Society (caringforkids.cps.ca) for the extensive use of their resource materials.

Visit the above noted websites for additional information and resources on children's health and safety.

Thank you to the Regional Early Childhood Consultants for their feedback, suggestions, contributions and patience.

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Project Coordinator: Gillian Moir

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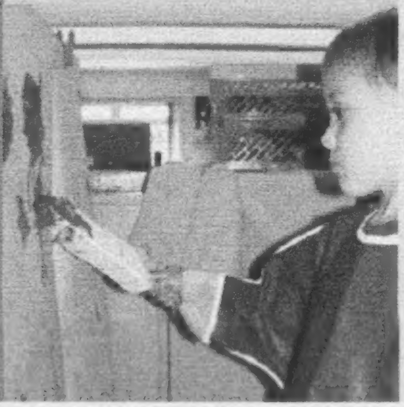
GENERAL INFORMATION ABOUT THIS HANDBOOK



Introduction

The *Child Day Care Act* (the Act) is the legislation or law that describes how children should be cared for in facilities outside of their homes in the NWT. The *Child Day Care Standards Regulations* (Regulations) were written to further explain the Act.

The Act and Regulations are not intended to inhibit the creativity of those who operate child care facilities and deliver early childhood programs. Their purpose is to set minimum standards that ensure the quality care, instruction and supervision of children.

By meeting the requirements for a license, and by following procedures set out in the Act and Regulations, an operator of a child care facility ensures that all required standards are met. Operators receive information about necessary upgrades and modifications, inspection requirements and schedules, and ways to ensure that requirements are maintained.

Other Legislation and Regulations

In addition to The *Child Day Care Act* and *Child Day Care Standards Regulations*, a variety of federal, territorial and local legislation and regulations are identified in this handbook because they apply to child day care operators, facilities and early childhood programs. Meeting the requirements of these laws ensures the health, safety and well-being of all children and staff, and also ensures that a licence remains in good standing.

Purpose of this Handbook

This handbook is for people who have, or want to apply for, a Child Day Care Facility Licence to operate a child day care facility. This could be either a day care centre or a family day home. The handbook looks at each regulation and explains what it means to existing and aspiring operators.

Organization of the Handbook

Section 1 lists a number of terms defined in the Regulations, as well as a number of terms used in this handbook, and explains what they mean.

Beginning with Section 2 each section of this handbook begins with a *heading* and a summary of the main idea of the regulations that will be explained in that section. *Subheadings* name each regulation, and a *shaded box quotes*, or summarizes, the regulation. (Sections of the Act are also quoted, if they are needed to understand a regulation.) Usually the shaded box is telling an operator, or a licence applicant what they have to do. A number of subheadings follow the shaded box:

Why

◆ explains the reason why this topic has been included in the Regulations.

What it means

☞ identifies things that will show proof that the operator or licence applicant has met the requirements of the topic, and in some cases

☞ explains what something looks like or what someone other than the operator will do.

Related regulations

⇔ identifies other regulations, if any, that deal with another aspect of the same topic. (For example, sleeping requirements appear in three different sections of the Regulations.)

How to...

✓ tells the operator or licence applicant some of the steps or things they can do to meet the requirements of the regulation, and

✓ provides ideas and practices that are part of a quality early childhood program.

Best practices once a program is licenced

✓ appears only in Section 2, LICENCES, and
✓ is for those who already have a licence and are operating either a centre or a family day home. It lists things that operators can do to ensure a quality program and licence renewal.

Resources

🕮 identifies manuals, websites, people, contact numbers and other resources that may help the operator or licence applicant with the regulation, and
🕮 includes hard copies of some resources at the end of the section.

Duties of the Director of Child Day Care Services

The *Child Day Care Act* and *Child Day Care Standards Regulations* give certain duties and powers to the Director of Child Day Care Services (the Director). In addition to fulfilling the duties assigned by the Act and Regulations the Director also provides support and guidance to the Regional Early Childhood Program Consultants (Regional Consultants) who work directly with child day care facility operators. The Director sometimes delegates duties and powers to the Regional Consultants.

Contacts

Department of Education, Culture and Employment website
www.ece.gov.nt.ca

Director of Child Day Care Services

Director Child Day Care Services
Department of Education, Culture and Employment
Government of the Northwest Territories
P.O. Box 1320
Yellowknife, NT X1A 2L9

Regional Early Childhood Program Consultants

South Slave Region
Early Childhood Consultant
Department of Education, Culture and Employment
Government of the NWT
Box 1406
Fort Smith, NT X0E 0P0

Deh Cho Region
Early Childhood Consultant
Department of Education, Culture and Employment
Government of the NWT
Box 740
Fort Simpson, NT X0E 0N0

North Slave Region (Yellowknife/Tlicho)
Early Childhood Consultant
Department of Education, Culture and Employment
Government of the NWT
Box 1320
Yellowknife, NT X1A 2L9

Inuvik Region
Early Childhood Consultant
Department of Education, Culture and Employment
Government of the NWT
Bag Service #1
Inuvik, NT X0E 0T0

Sahtu Region
Early Childhood Consultant
Department of Education, Culture and Employment
Government of the NWT
Box 147
Norman Wells, NT X0E 0V0

SECTION 1
REGULATION 1
DEFINITIONS

REGULATION 1

Definitions

Regulation 1 defines a number of terms which operators of licenced child care facilities, and those applying for a licence, need to be familiar with. They are summarized below:

Centre day care facility (Centre)
A child day care facility where day care is provided, other than a private residence (home).

Chief Public Health Officer and public health officer
Person appointed under the *Public Health Act*. Includes environmental health officer (EHO).

Child day care program
Types of child day care programs that may be offered:

- full-time day care
- part-time day care
- preschool day care
- out-of-school day care

Communicable disease
As defined in subsection 1(1) of the *Public Health Act*, "a disease prescribed as a communicable disease."

Daily program
Regulation 24 lists the requirements of the daily program, or daily schedule.

Day care
Care, instruction and supervision of a child in a facility which is not the child's home – i.e. in a centre or family day home.

Family home day care facility
Day care provided in the home of the person who operates the facility.

Full-time day care
More than five consecutive hours per day.

Guardian
A person who is not the parent, who has legal custody of a child.

Health care professional
A person who is providing health care in the NWT – doctor, nurse practitioner or registered nurse.

Out-of-school day care
Day care for children who attend school – outside of school hours.

Operator who works at the facility
A staff person who meets all of the requirements of a primary staff person, or in the case of a centre operator, a support staff person.

Parent
Term used to mean parent or guardian.

Part-time day care
Five consecutive hours per day, or less.

Preschool day care
Part-time day care for children who are at least two years of age, and who are not enrolled in school for the full day.

Primary staff person
A person responsible for the day to day operation of a facility, including the delivery of the daily program. Includes family day home operators.

Staff person
A primary staff person or a support staff person.

Support staff person
A person hired to assist a primary staff person with the daily program and/or the operation of a centre. (Family day home operators do not hire staff.)

Volunteer
A person who participates in the daily program without pay. Includes parents.

In addition to the terms defined in Regulation 1, other terms used in this handbook are defined below:

Child Care
Short for child day care.

Director
The Director of Child Day Care Services, appointed by the Minister under Section 3 of the *Child Day Care Act*. The Director has a number of powers and duties assigned by the Act and the *Child Day Care Standards Regulations*. The Director may delegate powers and duties to the Regional Consultants.

Early Childhood Program
What children actually experience, learn and do while at the child day care facility.

ECERS-R
Short for *Early Childhood Environmental Rating Scale, Revised*. Listed for some regulations, under Resources. Order from Amazon.

Facility
A centre day care facility (centre), or family home day care facility (family day home.)

Fire Inspector
The Fire Marshal, Assistant Fire Mashal, or local Fire Chief. Fire inspections are required when applying for a licence, and each year for licence renewal.

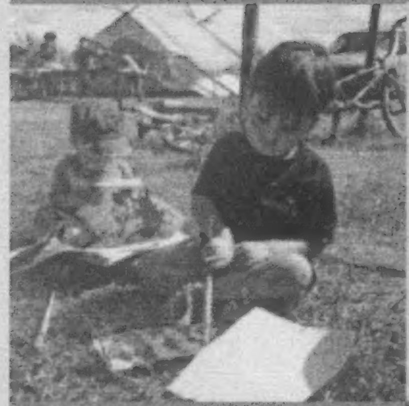
Operator
The person or organization named on the Child Day Care Facility Licence.

Regional Consultant
The Regional Early Childhood Program Consultant in each area. See Contacts.

SECTION 2

REGULATIONS 2 AND 3

LICENCES



Section 2

Regulations 2 and 3 LICENCES

This section is mainly for people who want to apply for a licence to operate a child care facility. It explains what the licence applicant has to include with the application and who to contact for help.

For operators who already have a licence:

- "Best practices once a program is licenced" is a subheading for most of the regulations discussed in this section. It lists things that operators can do to ensure the facility and early childhood program meet the standards required for licence renewal.
- "What To Do If An Inspector Requires Improvements" explains what operators should do to correct any condition that might affect licence renewal.

REGULATION 2(1)

Application for a Licence

An application for a licence must be submitted to:

Director of Child Day Care Services
Department of Education, Culture and Employment
Government of the Northwest Territories
P.O. Box 1320
Yellowknife, Northwest Territories
X1A 2L9

Why

◆ An Application for Child Day Care Facility Licence is used to determine that the licence applicant and the facility meet all required legislation and regulations.

What it means

- ☞ The licence applicant must submit an Application for Child Day Care Facility Licence (Application for a Licence) to the Director of Child Day Care Services (Director).
- ☞ The Application for a Licence must include all the information required by Regulations 2(3), 2(4), 3(1) and 3(2).

How to...

- ✓ Get an Application for a Licence from the Regional Early Childhood Program Consultant (Regional Consultant) in your area.
- ✓ Work with the Regional Consultant who will guide you through the application process and help you as needed.
- ✓ Make sure that all requirements are completed and documented before submitting the Application for a Licence. These are explained in Regulations 2(3), 3(1), 3(2) and 2(4)(a) through (j).
- ✓ Submit the completed Application for a Licence, and all required information, to the Regional Consultant.

Best practices once a program is licenced

- ✓ Keep a copy of the application, including inspection reports, on file at the child care facility so that staff, parents, and designated inspectors and officials can review or look at them.
- ✓ Work with the Regional Consultant to have your licence renewed each year.

Resources

The Regional Consultant in your region will help you with the process to apply for a licence to operate a child care center or family day home.

South Slave Region
Early Childhood Consultant
Department of Education, Culture and Employment
Government of the NWT
Box 1406
Fort Smith, NT X0E 0P0

Deh Cho Region
Early Childhood Consultant
Department of Education, Culture and Employment
Government of the NWT
Box 740
Fort Simpson, NT X0E 0N0

North Slave Region (Yellowknife/Tlicho)
Early Childhood Consultant
Department of Education, Culture and Employment
Government of the NWT
Box 1320
Yellowknife, NT X1A 2L9

Inuvik Region
Early Childhood Consultant
Department of Education, Culture and Employment
Government of the NWT
Bag Service #1
Inuvik, NT X0E 0T0

Sahtu Region
Early Childhood Consultant
Department of Education, Culture and Employment
Government of the NWT
Box 147
Norman Wells, NT X0E 0V0

Government of the Northwest Territories website: www.ece.gov.nt.ca

REGULATION 2(2)

No Licence Fee

An applicant for a licence is not required to pay a fee.

Why

- Licencing is part of quality assurance. The licencing process provides monitoring and support to ensure appropriate standards are met to support quality early childhood programs.
- Licencing is not intended to make money for the government.

REGULATION 2(3)

Type of Application and Contact Person

REGULATION 3(1)

Child Day Care Programs that May Be Offered

REGULATION 3(2)

Type of Facility – Centre or Family Day Home

2(3)

An application for a licence must:

(a) state whether the application is for a centre day care facility or a family home day care facility;

(b) identify the child day care program or programs to be provided by the child day care facility; and

(c) identify a contact person for the purpose of communication between the Director and the applicant.

2(4)

See next shaded box.

3(1)

The following child day care programs may be provided by a child day care facility:

(a) full-time day care;

(b) out-of-school day care;

(c) part-time day care;

(d) preschool day care.

3(2)

A licence may be issued for a centre day care facility or a family home day care facility.

Why

- To identify the type of facility – either day care centre or family day home.
- To identify the program or programs that a facility wants to offer. (See definitions in What it means.)
- To facilitate communication between the licence applicant and the Director by naming a contact person.

Regulation 2(3) Type of Application and Contact Person
Regulation 3(1) Child Day Care Programs that May Be Offered
Regulation 3(2) Type of Facility – Centre or Family Day Home

What it means

☞ The application must state whether the application is for a centre-type facility or a family day home:

- centre day care facility, usually called a child care centre, or centre, means a child care facility other than a family day home;
- family home day care facility usually called a family day home means child care provided in a private residence by the person who lives there.

☞ The application must state the type of child care program or programs the licence applicant intends to offer:

- full-time day care – day care provided for more than 5 consecutive hours per day;
- part-time day care – day care provided for 5 consecutive hours per day, or less;
- out-of-school day – day care for children who attend school – outside of school hours;
- preschool day care – part-time day care provided for children between the ages of two and six years who are NOT enrolled in school for the full day.

☞ The application must include the name of a contact person for communication with the Director. This may be the licence applicant, if the licence applicant is an individual or it may be someone else. If the licence applicant is an association or corporation run by a board of directors, the contact person may be a member of the board of directors or it may be someone else.

☞ When a licence is issued it will state whether it is for a centre-type facility, or a family day home.

How to...

✓ Consider the number and type of child care facilities that already exist in the community. Gather information on the number of families who might be interested in a child care facility and the age of children who might require care.

✓ Decide (a) the type of facility and (b) which child day care program or programs the facility intends to offer.

✓ Ask your Regional Early Childhood Consultant for help, if something is not clear.

REGULATION 2(4)

Ten Things to Include with the Application

2(4)(a) Written Statement of Program Goals and Objectives
2(4)(b) Floor Plan
2(4)(c) Report from the Fire Marshal
2(4)(d) Report from a Public Health Officer
2(4)(e) Proof of any Changes Required by 2(4)(c) and 2(4)(d)
2(4)(f) Proof of Compliance with Local Zoning Bylaws
2(4)(g) Proof of $2,000,000 Public Liability Insurance
2(4)(h) Statement Describing Opportunities for Parental Involvement
2(4)(i) Emergency Evacuation Plan
2(4)(j) Criminal Record and Related Information for a Family Day Home Operator and All Adults Living in the Home

2(4)

In addition to the requirements set out in subsection 2(3), the following must be included with an application for a licence:

(a) a written statement of the child day care program goals and objectives;

Why

◆ To ensure that early childhood programs go beyond providing care (or babysitting.) Early childhood programs also support and promote the development of the child in all areas – physical, social, emotional and intellectual.

◆ To clearly identify the goals that the licence applicant is trying to accomplish and the actions or activities that will achieve those goal(s).

What it means

☞ The program is what children will actually experience, learn and do while at the child care facility.

☞ Goals are not the same as objectives, even though some people use the two terms interchangeably.

☞ The Application for a Licence must include both written program goals and objectives.

- Goals are what you are aiming for in the long term – for example: learning a specific language, being ready for kindergarten, or learning to respect diversity.
- Objectives are more detailed than goals. They are specific actions that, together, result in a goal being met. (Each goal will have a number of objectives.)
- Appropriate early childhood program goals and objectives:
  - match the development of the children in the program,
  - support development of the whole child – physical, emotional, social and intellectual,
  - are clear and concise.

Related regulations

⇔ 24: The operator must develop a daily program (or schedule) that meets certain requirements. The activities of the daily program should support the program goals and objectives.

⇔ 62(1): All staff must have an understanding of their role in fulfilling the early childhood program's goals and objectives.

How to...

- ✓ Write program goals and objectives so that parents using the program have a clear understanding of what you are trying to accomplish with their children (the goals), and the specific activities or actions that will lead to the goals being met (the objectives.)
- ✓ Keep a copy of the program goals and objectives for your own records and future use, especially when developing the daily program required by Regulation 24.

Best practices once a program is licenced

- ✓ Provide copies of the program goals and objectives to parents.
- ✓ Post copies of the program goals and objectives on the information board at the facility.
- ✓ Plan the daily program to reflect the overall goals and objectives of the program.
- ✓ Post the daily program on the information board at the facility.
- ✓ Make sure that all staff and volunteers know what the program goals and objectives are, and that they understand what their role is in accomplishing these.
- ✓ Review the program goals and objectives annually and revise as necessary.

Resources

Not-for-Profit Child Care Centres in the Northwest Territories: Child Care Board Resource Toolkit
Chapter 3, Section 4

Examples of Goals and Objectives

Goal	To promote an appreciation of the various cultures in our community
Objectives	• Identify cultures in the community and focus on each one through activities (e.g. stories, games, crafts), food, and clothing. • Invite parents, elders and other guests to lead or assist with activities and food. • Ensure pictures and other displays reflect all cultures. • Model tolerance and acceptance of all cultures. • Intervene immediately in any instances of discrimination or intolerance.

Goal	To promote independence, self-reliance and self-discipline
Objectives	• Offer choice of activities, stories, games etc. at least 50% of the time. • Encourage children to try new activities, stories, games, etc. • Encourage children to try things for themselves before asking for help. • Actively model and involve children in problem solving and decision-making. E.g. "Where should we put these books?" Or, "It's too cold to play outside today. What active game can we play indoors?" • Teach children to learn from their mistakes. E.g. "Where can you put your glass so that you don't spill your water next time?"

Section Resources
Examples of Program Goals R2-1

2(4)
An application for a licence must include:
(b) a copy of the floor plan of the child day care facility showing room dimensions and location of doors, windows and fixed equipment;

Why

◆ To ensure the environment provides children with a minimum amount of space to support their developmental needs.

◆ To demonstrate safety precautions and fire prevention measures.

What it means

☞ The Application for a Licence must include a floor plan of the facility that:
- is drawn to scale,
- clearly shows smoke detectors, fire extinguishers and emergency exits,
- clearly shows furniture and other secured objects, and
- shows the intended use of space, where possible.

Related regulations

⇔ 16(1): In a centre there must at least 2.75 square metres of usable floor space for each child.

⇔ 16(2): In a family day home the indoor play space must be suitable for the number, ages and development of the children.

How to...

✓ Meet with the Regional Consultant to discuss the proposed space and the child day care program or programs that the facility is interested in offering.

✓ The amount of free and usable space must be at least 2.75 square metres per child – for example, closets, washrooms, kitchen and storage areas do not count because they are not spaces that children can use.

✓ Make sure floor plans:
- provide for a variety of activities to support the development of the whole child,
- allow children to make choices,
- support the flow of activities and allow children and adults to move around freely,
- allow children to interact with each other.

✓ For children's safety, the floor plan should allow adults to see all corners of the room or areas partitioned by furniture (such as book shelves) within a room.

✓ Infant rooms must provide space for playing, crawling and walking.

✓ Infant rooms should be located on the main floor to ensure quick access to an exit in the case of an emergency.

✓ Keep a copy of the floor plan for your own records and future use.

Best practices once a program is licenced

✓ A licence is issued for a *specific space* and it cannot be transferred to any other space. For example:

- If a licenced family day home operator moves, the licence was for the old home. The operator must apply for a new licence for the new home.
- Similarly, if an early childhood program is located in a room in a school, the licence is for that particular room. If the program wants to move to another room in the school the operator must apply for a new licence for the new room.

Resources

ECERS-R

Space and Furnishings: 1 Indoor space
4 Room arrangement for play
5 Space for privacy

2(4)
An application for a licence must include:
(c) a report from the office of the Fire Marshal respecting compliance with the *National Fire Code of Canada*; and
(e) if a change or improvement is recommended or required in a report referred to in paragraph (c), written confirmation from the applicant that the recommendation or requirement has been met;

Why

◆ To ensure a safe environment for children.

◆ To avoid unplanned or unexpected fire and safety requirements early in the planning process.

What it means

☞ The Application for a Licence must include a report from the office of the Fire Marshal. Depending on the community the fire inspection report could be prepared by the Fire Marshal, an Assistant Fire Marshal, or the local Fire Chief.

☞ The fire inspection report will show:
- that the facility meets the requirements of the *National Fire Code*, or
- that certain changes are required.

☞ If the report recommends or requires changes or improvements under the *National Fire Code* the application must include proof that the work was completed.

How to...

✓ Ask the Regional Consultant who conducts fire inspections in your community.

✓ Contact the inspector to inspect the facility and prepare a report.

✓ If the report shows any existing or potential fire and safety hazards, or deficiencies, the inspector will provide specific recommendations to correct or eliminate those hazards or deficiencies. The recommendations will include time frames for any actions or work that need to be done.

✓ Get the work done as soon as possible, so the licensing process can continue.

✓ Depending on the work that the inspection report required:
- arrange for a follow-up inspection and report after completing any necessary work, or
- provide other proof that the work was completed.

✓ Keep a copy of the Fire Inspector's report and documentation on changes or improvements for your own records.

Best practices once a program is licenced

✓ Every year, at the request of the operator or Regional Consultant, the Fire Inspector will conduct an inspection, report potential hazards and make recommendations, if any.

✓ See the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

2(4)

An application for a licence must include:

(d) a report from a public health officer respecting compliance with the *Public Health Act*; and

(e) if a change or improvement is recommended or required in a report referred to in paragraph (d), written confirmation from the applicant that the recommendation or requirement has been met;

Why

◆ To ensure a safe and healthy environment for children.

◆ To avoid unplanned or unexpected health requirements early in the planning process.

What it means

☞ The Application for a Licence must include a report from a public health officer that shows:

- that the facility meets the requirements of the *Public Health Act*, or
- that certain changes are required.

☞ Public Health Officers in the NWT are called Environmental Health Officers, or EHO for short.

☞ If the EHO recommends or requires changes or improvements, the application must include proof that the work was completed.

How to...

✓ Ask the Environmental Health Officer in the community to inspect the facility and prepare a report.

✓ If the EHO finds any existing or potential health hazards, the EHO will provide specific recommendations to correct or eliminate those hazards. The recommendations will include time frames for any actions or work that need to be done.

✓ Get the work done as soon as possible, so the licensing process can continue.

✓ Depending on the work that the EHO required:

- arrange for a follow-up inspection and report after completing any necessary work, or
- provide other proof that the work was completed.

✓ Keep a copy of the EHO's report and documentation of changes or improvements for your own records.

Best practices once a program is licenced

✓ Every year, at the request of the operator or Regional Consultant, the EHO will conduct an inspection, report potential hazards and make recommendations, if any.

✓ See the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

2(4)

An application for a licence must include:

(f) evidence of compliance with applicable zoning bylaws;

Why

◆ To ensure that local zoning bylaws permit a child care facility in that location.

What it means

☞ The Application for a Licence must include proof, such as a letter, that the zoning bylaws of the city, town, hamlet or settlement permit a child care facility in that location.

How to...

✓ Ask the city, town, hamlet or settlement office for a letter that shows that local zoning bylaws permit a child care facility in that location.

✓ Keep a copy of the letter for your own records.

Best practices once a program is licenced

✓ Licenced child care facilities should comply with all relevant municipal by-laws, not just zoning bylaws.

✓ Check to see what other bylaws are applicable to a child care facility.

✓ Check to see if you need a business licence to operate a child care facility.

✓ Ask your Regional Consultant for help, if needed.

2(4)
An application for a licence must include:
(g) evidence of a minimum of $2,000,000 public liability insurance coverage;

Why

◆ To ensure the licence applicant has liability insurance which will protect the operator, staff and volunteers if they are sued.

What it means

☞ The Application for a Licence must include a copy of the public liability insurance policy.

☞ The amount of liability insurance must be at least 2 million dollars.

How to...

✓ Make sure the liability insurance covers the operator, staff and volunteers, for all program activities. This includes off-site activities, excursions, and transportation in vehicles. (If the facility is governed by a board of directors, the board of directors is the operator.)

✓ Ask the Regional Consultant for help if needed.

✓ Keep the original insurance policy for your own records. Send a copy with your application.

Best practices once a program is licenced

✓ Renew your insurance on time each year.

✓ Obtain property insurance if you own the building where the early childhood program is located. Review the policy annually to make sure you have enough insurance.

✓ Obtain contents insurance for any equipment owned by the child care facility. This insurance should cover loss or damage to equipment in the event of fire, theft or vandalism. Create an equipment and furniture inventory, update it each year, and review the policy annually to make sure you have enough insurance.

✓ Obtain insurance for accidental death and dismemberment. This insurance should cover children, volunteers and anyone else on the premises except staff – staff are covered by Worker's Compensation. Review the policy annually to make sure you have enough insurance.

✓ Early childhood programs with employees *must* register with the Workers' Safety and Compensation Commission (WSCC). Employees receive WSCC benefits in case of a work-related accident.

✓ Family day home operators can register with the WSCC if they choose to. They pay a fee to WSCC, based on income, and receive WSCC benefits in case of a work-related accident.

✓ Keep a copy of all insurance policies on file at the facility and renew them on time.

✓ Ask the Regional Consultant for help if needed.

Resources

📖 *Not-for-Profit Child Care Centre Boards in the Northwest Territories: Administration and Management Manual*, and *Child Care Board Resource Toolkit*
Chapter 4, Section 4: Liability and Insurance

📖 Workers' Safety and Compensation Commission – if you have employees
www.wcb.nt.ca
> Employers
> Registering a Businesses

📖 Workers' Safety and Compensation Commission – if you operate a family day home and want to have WSCC coverage
www.wcb.nt.ca
> Employers
> Forms
> Application for Optional Coverage

2(4)

An application for a licence must include:

(h) a written statement describing the proposed means of involving the parents of children attending the child day care facility, in accordance with subsection 39(1);

Why

◆ To ensure parents are part of and welcome to participate in the early childhood program.

What it means

☞ The Application for a Licence must include a description of how the operator intends offer parents opportunities to be involved in the operation of the facility and/or the daily program.

Related regulations

⇔ 39(1): The operator must describe in writing how he/she intends to involve parents.

⇔ 39(2): The operator must welcome and encourage parents to visit and participate in the program, subject to certain conditions outlined in 39(3) and 39(4).

⇔ 39(3): 39(2) does not apply if there is a court order that restricts or prohibits parent access.

⇔ 39(4): 39(2) does not apply if the operator has concerns based on past visits, has notified the Director, and the Director agrees.

How to...

✓ Write a parental involvement policy that outlines opportunities for parents to be part of their child's day care experience. Parents should feel welcome.

✓ When the licence applicant is a board of directors made up of parents, parents "automatically" have opportunities to get involved. They can serve on the board, work on committees and help with maintenance, to name a few things. Write the policy to show what other opportunities are available and how parents will be encouraged to become involved. For example by:

- establishing goals and objectives for the facility
- establishing program policies
- overseeing financial operations
- handling complaints
- hiring staff
- supporting staff
- serving on committees
- volunteering to help at the facility
- sharing cultural traditions
- fundraising
- assisting with field trips/outings
- writing a newsletter or blog
- maintaining a website
- having the opportunity to provide feedback or an evaluation

✓ When the licence applicant is an individual, such as an applicant for a family day home, the opportunities for parental involvement may not seem as numerous. Parents can be invited to drop in anytime, help with excursions, share cultural traditions, tell a story, make cookies, etc. Put yourself in a parent's shoes to think about ways that you might want to be involved.

✓ Keep a copy of the parental involvement policy for your own records and future use.

Best practices once a program is licenced

✓ Review and follow Regulations 39(2), (3) and (4).

✓ Include the parental involvement policy in information packages for parents.

✓ Post the parental involvement policy on the information board.

✓ Ask parents for feedback on the policy and for additional suggestions for involving them in the program. Revise the policy if appropriate.

✓ Review the policy annually and revise if appropriate.

Resources

📖 *Not-for-Profit Child Care Centre Boards in the Northwest Territories: Administration and Management Manual*
Chapter 5, Section 5: Parental Involvement. (Written for Boards, but ideas are useful for any operator.)

📖 Regulation 39(1): How to…, and Resources

2(4)

An application for a licence must include:

(i) an emergency plan in accordance with subsection 56(1);

Why

- ◆ To ensure the safety of children, staff and volunteers.
- ◆ To ensure an organized, comprehensive approach if the facility has to be evacuated.

What it means

☞ The Application for a Licence must include an emergency plan, required by Regulation 56(1), that clearly outlines:

- emergency evacuation and fire drill procedures, and
- arrangements for alternate emergency accommodations, and
- arrangements for transportation to those accommodations.

Related regulations

⇔ 56(2): The emergency evacuation procedures must be practised once a month, and the operator must keep a written record of each practice.

⇔ 56(3): The written record of evacuation practices must be kept for one year from the date of the last practice on the record.

How to...

- ✓ Plan how to quickly evacuate all children, staff and volunteers from the facility in the event of an emergency:
    - Outline roles and responsibilities for staff and volunteers so that everyone knows what to do. Decide who will:
        - evacuate infants (or a child with special needs)
        - evacuate older children
        - bring medications and a first aid kit
        - bring the daily attendance sheet
        - bring parent/emergency contact numbers, and the numbers of local services (such as health centre, taxi, police)
        - take roll call
        - do a final sweep of the building to make sure everyone is out – do not go back into the building
        - phone the fire department or emergency services
    - Keep blankets by each exit to protect children once they are outside. These could be kept in clean garbage cans on wheels, along with other emergency evacuation supplies such as a flashlight, diapers and water.
    - Establish a safe meeting place outside the facility where children and adults meet and wait.
- ✓ Identify an alternate location where all children and staff will go after the facility has been evacuated.
- ✓ Plan how the children and staff will get to that location.
- ✓ Use *Responding to Emergencies: A Handbook for Early Childhood Programs* to help write your plan. (See Resources.)
- ✓ Ask for help with the emergency plan from the local fire or police authority.
- ✓ Ask for help from the Regional Consultant, if needed.
- ✓ Keep a copy of the emergency evacuation plan for your own records, and future use.

Best practices once a program is licenced

- ✓ Practise the emergency evacuation and fire drill procedures once a month, and keep a written record of the date and time of the practice, and the number of children, staff and volunteers. Keep the record for at least one year after the date of the last practice.
- ✓ Post the emergency evacuation plan on the information board in the facility so that it is available for all staff and parents.
- ✓ Use *Responding to Emergencies: A Handbook for Early Childhood Programs* to plan for other types of emergencies such as:
  - unauthorized parent access,
  - parent under the influence of alcohol,
  - armed person in or around the facility.
- ✓ Make sure all staff and volunteers know what to do should any of these emergencies happen.
- ✓ Share emergency plans with parents.
- ✓ Have emergency plans available for review at the facility.

Resources

Responding to Emergencies: A Handbook for Early Childhood Programs
Department of Education, Culture and Employment, GNWT

Section Resources
Emergency Preparedness Plan, includes:
- Sample Letter of Agreement with Emergency Evacuation Site, and R2-3
- Sample Emergency Preparedness Letter to Parents R2-4

Teaching Children About Safe Fire Exits at Home R2-5
Get Out! Stay Out! R2-6

2(4)

An application for a licence must include:

(j) in the case of an application in respect of a family home day care facility, for each adult who ordinarily resides in the private residence within which the child day care program is proposed to operate;

  (i) a criminal record check, including a vulnerable sector search, prepared by the RCMP; and

  (ii) a statement as to whether or not there are any criminal charges outstanding against the person and the details of any such outstanding charges.

Why

- To ensure the safety and well-being of children attending a family day home.

What it means

- This regulation applies only to licence applicants for family day homes.
- The Application for a Licence must include a criminal record check for all adults who usually live in the home, even if the adults are not part of the operation of the family day home and even if they are not usually there when the family day home is in operation.
- The criminal record check must include a vulnerable sector search.
- The Application for a Licence must include a statement for all adults who usually live in the home saying whether or not there are any outstanding criminal charges.
- If there are outstanding criminal charges details must be included.

Related regulations

⇔ 68(1): Operators of family day homes and all adults who usually live in the family day home must:

- every three years, get an updated criminal record check, including a vulnerable sector search,
- every year, provide a statement regarding outstanding criminal charges, and details of those charges.

How to...

- ✓ Ask the RCMP to complete a criminal record check, including a vulnerable sector search, for all adults who usually live in the home.
- ✓ Provide a statement from the licence applicant and from each adult living in the home, saying whether or not there are any outstanding criminal charges, along with details about the charges.
- ✓ Keep a copy of the criminal record checks, and statements of outstanding criminal charges for your own records, and future use.

REGULATION 3(1)

Child Day Care Programs that May Be Offered

This regulation has already been explained with Regulation 2(3), Type of Application and Contact Person.

REGULATION 3(2)

Type of Facility – Centre or Family Day Home

This regulation has already been explained with Regulation 2(3), Type of Application and Contact Person.

REGULATION 3(3)

Maximum Number of Children Stated on the Licence

A licence must set out the maximum number of children that may attend the child day care facility and, in the case of a family home day care facility, this number must not exceed eight.

Why

- To ensure that licences clearly show the number of child care spaces that a facility is licenced for.
- To ensure that the number of children in a family day home is eight or less.

What it means

- When the Director issues a licence, the licence will state the number of children that can be at the child care facility at any given time.
- Two or more part time children could share the same licenced space, as long as they are not at the centre or family day home at the same time.
- The maximum number of children in a family day home is eight.

Related regulations

- 72(2): The number of children includes the operator's own children.
- 75(1): In a family day home there are limits to the number of children under six, under three and under two years of age.

REGULATION 3(4)

Term of Licence

A licence may be issued for a term not exceeding one year.

Why

◆ To set a limit on the length of time a licence is valid for.

What it means

☞ Once all the requirements of the application process are met, the Director will issue a licence for a maximum of one year.

☞ The Director could issue a licence for less than one year. See Regulation 3(5), Licence with Terms and Conditions.

Related regulations

⇔ 3(6): The Director will renew a licence if the operator meets all the requirements of the Act and Regulations. When a licence is renewed it could have terms and conditions attached to it.

How to...

✓ Post the licence on the information board, along with any terms and conditions.

REGULATION 3(5)

Licence with Terms and Conditions

The Director or a person designated by the Director may attach terms and conditions to a licence.

Why

- As long as the environment is safe and healthy for children, a licence may be granted with certain terms and conditions. This allows the program to operate while the terms and conditions are being addressed.
- To inform the public and users of the conditions associated with the child care facility licence.

What it means

- If the Director issues a licence with terms and conditions this will be stated on the licence.
- A licence with terms and conditions will include a letter explaining what has to be done and the date by which the terms and conditions have to be met in order for the facility to keep its licence. This could range from:
  - a few days in order to complete minor deficiencies identified during an inspection, to,
  - a longer term for larger renovations or repairs.
- The Director will determine if additional inspections are needed to confirm that terms and conditions have been met.
- Once the required improvements have been made the Director will reissue the licence.
- If the terms and conditions are not met within the required time frame the Director may suspend the licence (under the *Child Day Care Act*, Section 16(1)).

Related regulations

⇔ The Act, Section 29: The operator must post the licence, along with terms and conditions, in a place in the facility where it can be easily seen.

How to...

- ✓ Share any terms or conditions with potential users of the program.
- ✓ Make changes within the time frame specified on the licence so that the terms and conditions are met, and a new licence, without terms or conditions, can be issued.

Best practices once a program is licenced

- ✓ See the box **What To Do If An Inspector Requires Improvements**, following Regulation 3(6).

REGULATION 3(6)

Licence Renewal

> The Director
> (a) shall renew a licence on its expiry if the operator is in compliance with the Act and these regulations, and
> (b) may, upon renewal, modify or add terms and conditions attached to the licence.

Why

◆ To explain the process that will be used to renew a licence.

What it means

- ☞ The operator does not have to apply for licence renewal.
- ☞ Every year the Regional Consultant, Fire Inspector and Environmental Health Officer will each conduct an inspection of the facility and write a report.
- ☞ The Director will automatically renew a licence if the inspection reports from the Regional Consultant, Fire Inspector and Environmental Health Officer show that the operator and facility meet all of the requirements of the Act and Regulations.
- ☞ When a licence is renewed it may include terms or conditions that the operator has to address by a specified date.
- ☞ The box on the next page, **What To Do If An Inspector Requires Improvements**, explains what will happen, and what the operator needs to do if there are conditions that do not meet the requirements of the *Child Day Care Act* or *Child Day Care Standards Regulations.*

How to...

- ✓ Keep up-to-date with the requirements of the *Child Day Care Act* and Regulations.
- ✓ Expect annual inspections from the Regional Consultant, Fire Inspector and EHO.
- ✓ Remember: the Regional Consultant, Fire Inspector and EHO can inspect a facility at any time, not just once a year.
- ✓ Understand that the purpose of inspections is to support quality early childhood programs, with a focus on the health and safety of children. Inspections are not intended to "make life difficult" for child care operators.
- ✓ Ask your Regional Consultant for help if you don't understand what you need to do in order to meet the requirements of the Act or Regulations.
- ✓ See the box **What To Do If An Inspector Requires Improvements**, next page.

What To Do If An Inspector Requires Improvements

The Regional Consultant, Fire Inspector and Environmental Health Officer (EHO) will inspect the facility each year as part of the process for licence renewal. Each is looking to see if the operator, the facility and the program meet the requirements of the *Child Day Care Act* and *Child Day Care Standards Regulations*. If an inspector identifies a condition or conditions that need to be fixed, corrected or improved:

- The Director will decide if the program will be allowed to operate while required improvements are being made. This depends on whether the care of children and the safety of children, staff and volunteers can be maintained. (See Regulation 3(5).) If the Director allows the program to operate:
    - The Director will issue or renew the licence and attach terms and conditions (as per Regulation 3(5)) until the things identified by the Regional Consultant, Fire Inspector or EHO have been taken care of.
    - A licence with terms and conditions will include a letter stating what has to be done, and by what date (Act, Section 16(2)).
- On the information board in the facility, post the licence, and the letter from the Director that lists the required improvements and authorizes the program to continue to operate while improvements are being made (Act, Section 29)).
- Make the changes and ask the Fire Inspector, EHO or Regional Consultant, as appropriate, to inspect the changes and confirm to the Director that they have been made.
- Once the required improvements have been made the Director will renew the licence. (You can now remove from the information board the letter from the Director that lists the required improvements.)
- If the changes are not made within the required time frame the Director may suspend the licence (Act, Section 16(1)).
- Keep for your own records any reports, letters, and documentation of required changes and improvements.

Some things to keep in mind about inspections:

- Inspections look for compliance with all aspects of the Act and Regulations but some regulations are of specific interest to the Regional Consultant, Fire Inspector or EHO. Throughout this handbook, as these regulations are discussed you will be referred back to this box.
- If changes are required as a result of an inspection it is because an inspector finds things that don't meet the requirements of the Act or Regulations. Inspections are not intended to be picky or make life difficult – they are intended to ensure the quality care, instruction and supervision of children.
- **The Regional Consultant, Fire Inspector or EHO could inspect a facility at any time, not just once a year** for licence renewal. If an inspector requires changes, make them without delay to avoid having your licence suspended.

Examples of Program Goals

YMCA Lunenburg County: Child Care Goals

To promote the importance of:

1. Social acceptance by developing an understanding of each other's needs and feelings.
2. Emotional health by developing a positive self-image and respect for individual differences.
3. Intellectual ability by developing each person's enthusiasm for testing his or her own abilities.
4. Physical health by developing a positive attitude toward physical activity and hygiene.

Little Learners Child Care Centre, Indiana University: Goals

At Little Learners Child Care Center, each child is viewed as an individual with limitless potential. Following are our goals for the children enrolled in our programs.

1. To encourage and foster the development of positive self-esteem and self concept.
2. To promote the development of each child into a self-confident, risk-taking learner for life.
3. To promote the development of positive social skills.
4. To promote the development of fine and gross motor skills.
5. To promote the development of cognitive and creative skills in the areas of literacy, math, science, music, art, and language development.
6. To promote the development of independence, self-reliance, and self-discipline.
7. To promote the development of positive communication skills.
8. To promote the development of sound health and nutrition.
9. To promote the appreciation of cultural diversity in community.

NIST Child Care Center, Maryland, USA: Goals

The NIST Child Care Center is committed to:

1. following the developmentally appropriate guidelines established by the National Association for the Education of Young Children (NAEYC) and the State of Maryland Office of Child Care Regulations;
2. providing a healthy, safe and secure environment for children;

3. encouraging each child in his/her developmental growth by providing an environment that encourages learning through action, inquiry and exploration;
4. assisting each child to gain better control and understanding of his/her body through interaction with the environment, materials, and equipment;
5. helping each child develop language skills which will enable expression of thoughts and feelings as well as an opportunity to increase knowledge;
6. promoting a good self image in each child by providing an environment that encourages independence, decision making, and problem solving;
7. fostering an appreciation for the ethnic and cultural diversity of its families and its community; discrimination, in any form, will not be tolerated; and
8. promoting a cooperative, informative, and respectful relationship with families.

(Note for NWT readers: Goals 3, 4 and 6 actually include some objectives because they discuss how the child care centre intends to meet the goal – "…by doing a, b, c.")

Emergency Preparedness Plan

Sample Letter of Agreement with Emergency Evacuation Site

Letter of Agreement between ____________________ *(name of child care center)*

and ____________________ *(name of emergency evacuation site)*

to serve as an emergency evacuation site for child care children and staff.

Information about Child Care Facility

Name of facility ____________________

Address ____________________

____

Telephone number ____________________

Name of contact person(s) ____________________

____

Hours of operation ____________________

Number of children and staff potentially evacuating ____________________

Information about Evacuation Site

Name of facility ____________________

Address ____________________

____

Telephone number(s) ____________________

____

Name of contact person(s) ____________________

____

Hours of operation ____________________

Driving directions from child care center to evacuation facility:

____

____

____

____

(Attach map with directions from child care center to evacuation facility to this agreement)

Check off items that the evacuation site will provide in an emergency:

Water
Food
Transportation
Telephone
People to assist
Other ____________________

____________________ *(name of evacuation facility)*

agrees to serve as an emergency evacuation site for

____________________ *(name of child care center)*

Signatures

Authorized Evacuation Site Representative	Date
Child Care Center Director	Date

Signed copies of this agreement should be kept on file at both the child care center and the emergency evacuation site.

Emergency Preparedness Plan

Sample Emergency Preparedness Letter to Parents

Give to parents every year and to new parents as they enter your program

Name of Child Care Center:

Date letter distributed:

Dear Parents,

Our child care center's philosophy is to keep your child(ren) safe at all times when he/she is in our care. With recent world and local events, we have developed an emergency plan that will be put into place in the event that special circumstances require a different type of care. Plans for these special types of care are reviewed annually. Staff is trained in the appropriate response and local emergency management is aware of these plans. The specific type of emergency will guide where and what special care will be provided.

- **Shelter at the site** – This plan would be put into place in the event of a weather emergency or unsafe outside conditions or threats. In this plan, children will be cared for indoors at the center and the center may be secured or locked to restrict entry. Parents will be notified if they need to pick up their child before their regular time.
- **Evacuation to another site** – This plan would be put into place in the event that it is not safe for the children to remain at the center. In this situation, staff has predetermined alternate sites for care. The choice of site is determined by the specific emergency and what would be an appropriate alternate site.
- **Method to contact parents** – In the event of an emergency, parents will be called, a note will be placed on the door, and radio/TV stations will be alerted to provide more specific information. You can also check for information on our website www.xxxxxxxxx or call our main office at xxx-xxx-xxxx. Depending on the distance from the center, the children will walk if feasible or be transported to the alternate site.
- **Emergency ends/reuniting with children** – When the emergency ends, parents will be informed and reunited with their children as soon as possible. The contact methods listed above will be used to inform parents.

The purpose for sharing this information with you is not to cause you worry, but to reassure you that we are prepared to handle all types of emergencies in a way that will ensure the safety of your child(ren). In the event of an actual emergency, please do not call the center – it will be important to keep the lines open. If you have questions regarding this information, talk with the center director or your child's teacher.

Sincerely,

(Signature of Child Care Center Director)

Signed copies of this agreement should be kept on file at both the child care center and the emergency evacuation site.

RESOURCE SHEET

Canadian Child Care Federation

#74

Teaching Children About Safe Fire Exits at Home

Seven out of 10 fatal fires in Canada occur in the home. Having a working smoke alarm is one of the most valuable things you can do to protect yourself and your family. But just as important is knowing *exactly* what you are going to do when that smoke alarm goes off. You may have less than two minutes to escape before smoke creates life-threatening conditions.

Creating and practicing fire escape routes using the following tips from Fireproof Children/Prevention First, an international fire safety and injury prevention center, is a fun family activity that also protects your loved ones.

- Use a piece of graph paper to draw a floor plan of your home, including every floor.
- Mark all windows and doors, label each bedroom, and note where smoke detectors are located (you should have a smoke detector on every level of your home and outside of sleeping areas).
- Plan two escape routes from every room, especially bedrooms. Include escape plans for anyone with special needs.
- Choose a family meeting spot a safe distance from your home, where everyone will gather and wait for the fire department.
- Have the whole family discuss the escape route and the meeting place. Decide who will be "monitor," and make sure everyone gets out. Explain that no one should ever go back into a burning building; if a family member or pet is missing you will tell the firefighters, who are equipped to perform rescues safely.
- Most importantly, PRACTICE your escape route at least twice a year. Have everyone participate, and make sure everyone can unlock doors and windows quickly. Pretend that an exit is blocked, and practice alternative escape routes. Pretend the lights are out and practice finding the way out.
- Go over what to do if trapped in an upstairs bedroom: close the bedroom door, place a towel or blanket across the bottom of the door, and call for help from the window. The fire department will respond and help you get out well before a fire burns through even a hollow door.

- A visit to your local firehouse will give kids the chance to become familiar with firefighters and the gear they wear, helping them not be afraid to "go to the firefighter." Take advantage of a firehouse "open house" or call to arrange a visit.

Kids can find games and activities that teach fire safety skills at www.playsafebesafe.com.

Parents can learn more about the importance of fire exit routes and drills from "Know How to Get Out – Fast" at www.fireproofchildren.com.

Other useful fire safety resources:

Staying Alive www.stayingalive.ca

Sparky the Fire Dog, National Fire Protection Association
www.nfpa.org/sparky

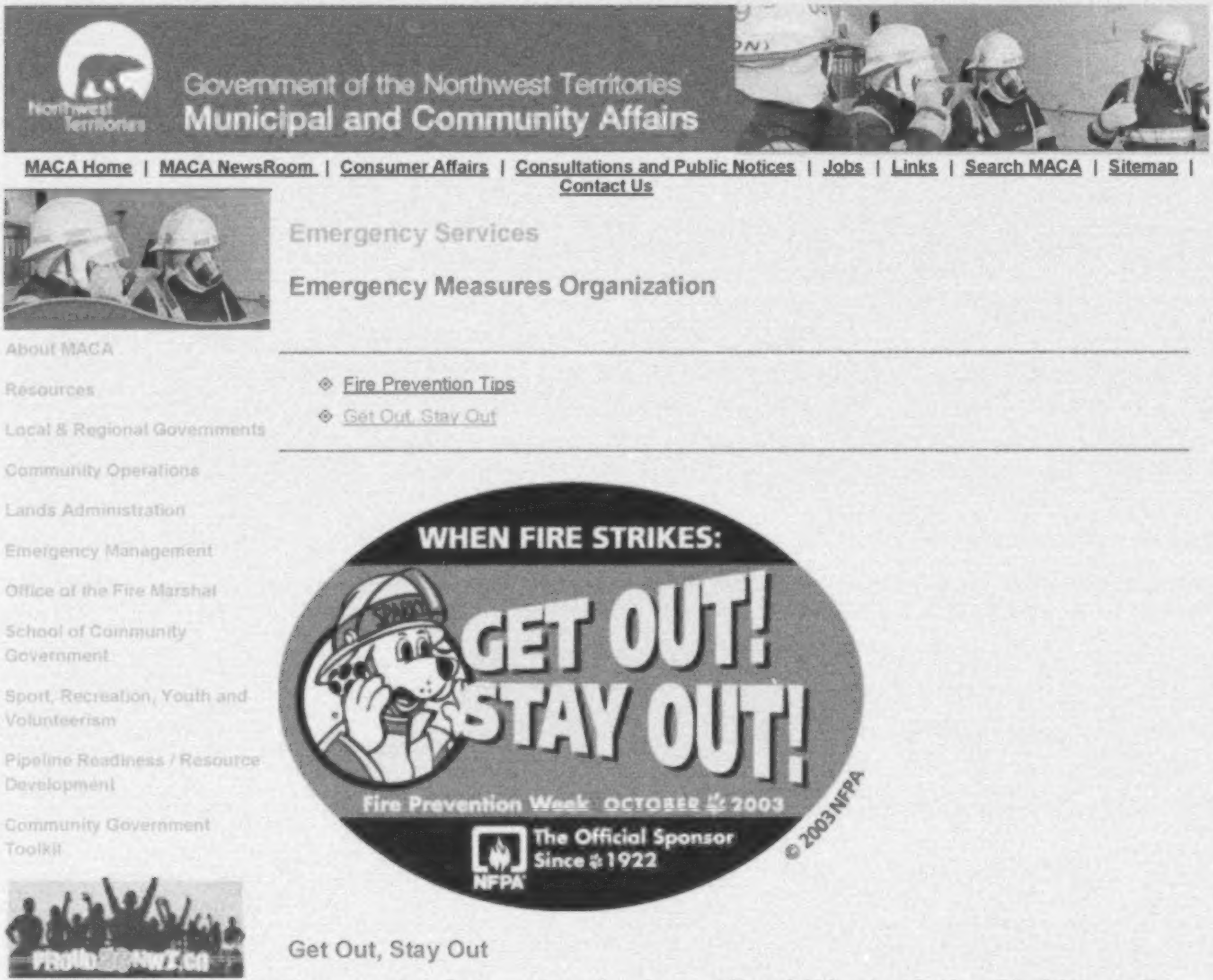
City of Ottawa, Fire Prevention and Education
Www.city.ottawa.on.ca/city_services/fire

Canada Safety Council www.safety-council.org

Safe Kids Canada www.safekidscanada.ca

The Fire Marshal's Public Fire Safety Council
www.firesafetycouncil.com

Adapted with permission from Fireproof Children/Prevention First. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase this resource sheet, contact the Canadian Child Care Federation, 201-383 Parkdale Ave., Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 ext. 234 or 1-800 858-1412. Fax (613) 729-3159. Email orders@cccf-fcsge.ca. Website www.cccf-fcsge.ca. *© CCCF 2004.*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GET OUT!
STAY OUT!
Fire Prevention Week OCTOBER 5-11 2003
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Emergency Services

Emergency Measures Organization

Get Out, Stay Out

You can survive a fire in your home if you leave quickly and don't go back inside until firefighters say it's safe.

"Get out and stay out?" It's a simple strategy that can save your life. But to protect yourself and your household, you must have an escape plan and practice it.

Smoke alarms save lives

Smoke alarms are inexpensive and they save lives. Install one on every floor of your home, including the basement, and outside each sleeping area - inside as well if you sleep with the door closed.

Make sure everyone in your household can hear the alarm while they're sleeping. The majority of fatal home fires happen at night.

Know the sound of your smoke alarm

Newer smoke alarms sound a distinct alarm pattern - groups of three beeps separated by a pause: **beep-**

beep-beep . . . pause .**beep-beep-beep** . . . pause . **beep-beep-beep**. Older alarms sound a continuous tone. Be sure everyone in your home recognizes the sound of your alarms, and awakens to the sound of them when sleeping.

Be sure your alarms work

- ✓ Test your smoke alarms once a month.
- ✓ Replace alarm batteries at least once a year.
- ✓ Never "borrow" alarm batteries.
- ✓ Replace any smoke alarm that is more than 10 years old.

Plan your escape now!

There is no time to waste when the smoke alarm sounds! Smoke and heat can cause confusion. Everyone in your home must know what to do.

Know two ways out of each room

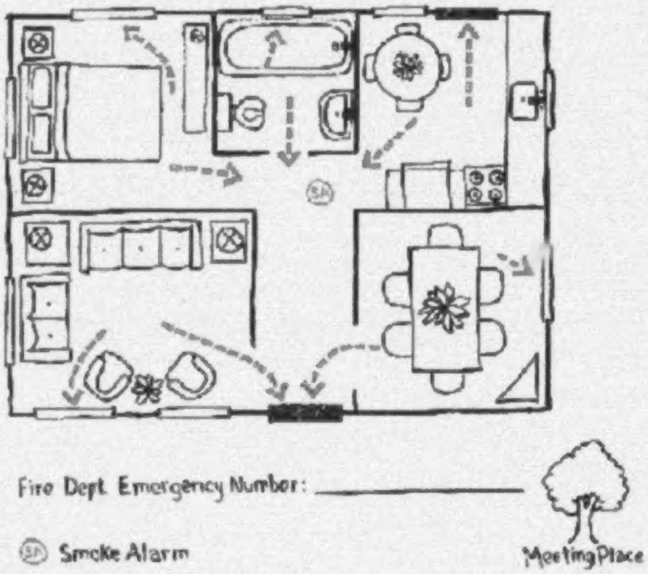
Draw a floor plan of your home showing two escape routes - including windows - from each room. Discuss the escape plan with everyone in the household.

Choose a meeting place

Decide on a meeting place outside your home where everyone will gather once you've escaped.

Practice your escape plan!

Hold home fire drills at least twice a year. Pretend some exits are blocked to make drills more realistic. Practice your escape in the dark.



When the ALARM sounds:

- ✓ Do not hesitate - leave immediately.
- ✓ If an escape is blocked by fire or smoke, use an alternate route.
- ✓ Go directly to your meeting place.
- ✓ Gather away from the building out of the way of firefighters.
- ✓ Call the fire department from a neighbour' phone or use a cell phone after you have escaped.
- ✓ Report anyone trapped inside to the fire department.
- ✓ ***Do not go back inside - for any reason - until the firefighters say it's safe.***

http://www.maca.gov.nt.ca/safety/fire_prevention/getout/index.html

If you live in an apartment building:

- ✓ Learn and practisepractice your building's evacuation plan.
- ✓ Know the location of all building exits and fire alarms.
- ✓ Report any locked or blocked exits to your building's management.
- ✓ Leave immediately if you hear a smoke alarm.
- ✓ Use the stairs. Never use elevators during a fire.
- ✓ Stay where you are and wait to be rescued or move to an area away from the fire.

If you are trapped:

- ✓ Call the fire department and tell the dispatcher where you are.
- ✓ Stuff clothes or towels in the cracks around the doors.
- ✓ Wait at a window for the fire department to rescue you.
- ✓ Wave a flashlight or a large light-coloured cloth to help the firefighters find you.
- ✓ Open the window a few inches at the top and bottom to circulate fresh air. Close the window if smoke enters.

Escape tips:

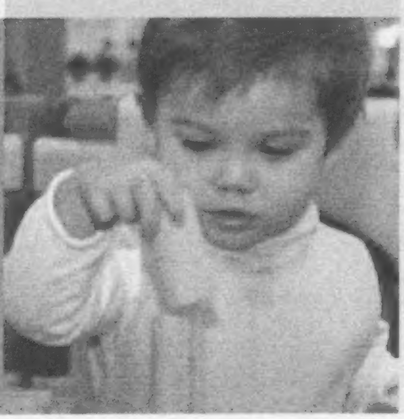
- ✓ Close doors behind you as you escape to slow the spread of fire and smoke.
- ✓ If you have to escape through smoke, crawl on your hands and knees. Keep your head 0.3 to 0.6 metres (one to two feet) above the floor where the air will be the cleanest.
- ✓ Test doors, doorknobs and spaces around the door with the back of your hand. If the door is warm, try another escape route. If it's cool, open it slowly. Slam it shut if smoke enters through the door.

Remember.
Get Out! Stay Out!

SECTION 3

REGULATION 4

REGISTRY OF CHILD DAY CARE FACILITIES



Section 3

Regulation 4

REGISTRY OF CHILD DAY CARE FACILITIES

Section 6 of the *Child Day Care Act* requires the Director of Child Day Care Services to set up and maintain a registry of child day care facilities. This section explains the information that the Director needs from child care operators in order to keep the registry up-to-date.

REGULATION 4

Registry of Child Day Care Facilities

The registry (of Child Day Care Facilities) established by the Director under section 6 of the Act must include:

(a) for each child day care facility, the name of the operator, if the operator is an individual, or the names of the principals or members of the board of directors, where the operator is an association or a corporation;

(b) for each centre day care facility;

  (i) the name and address of the primary staff person identified by the operator under regulation 71(2)(a) as the contact person for communications between the facility and the Director; and

  (ii) the name of the primary staff person identified by the operator under regulation 71(2)(b) as the person in charge of the day to day operation of the facility;

(c) a copy of each licence, together with any terms or conditions imposed on a licence and any order of the Minister (Act, Section 38(3)) exempting an operator from compliance with provisions of the Act or these regulations;

(d) a copy of each notice of suspension or revocation of a licence made under the Act and these regulations; and

(e) the record of any appeal made with respect to the issuing, suspension, or revocation of a licence under the Act or these regulations.

Why

- To keep a record of all licenced child care facilities operating in the NWT.
- To identify the appropriate contacts for communication with the Director.

What it means

- The Director has set up the Registry of Child Day Care Facilities, and already has most of the information required.
- The operator must provide updated names to the Director, when there are changes to any of the people in a) or b)(i) or b(ii) in the shaded box.

Related regulations

⇔ 71(2): The operator must provide the Director with the name of the primary staff person for communication with the Director, and the name of the primary staff person in charge of the day to day operation of the facility.

⇔ 71(3): The operator must notify the Director immediately, in writing, if there is a change to the either of the people named in 71(2).

How to...

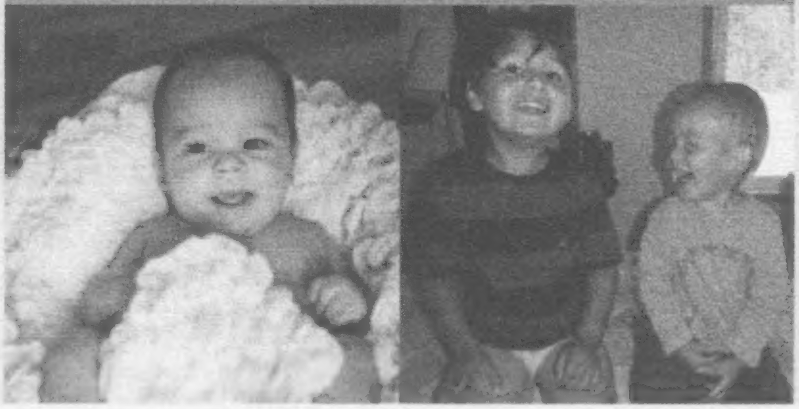
✓ Give the Director the name of the primary staff person for communication with the Director, and the primary staff person in charge of the day to day operation of the facility. This could be the same person.

✓ Provide updated names to the Director as soon as there are any changes to the board of directors, or the person in charge of the day to day operation, or the contact person for communication with the Director.

SECTION 4

THE ACT, SECTIONS 15 TO 26 AND REGULATIONS 5 TO 8

LICENCE DENIED, SUSPENDED, REINSTATED OR REVOKED AND APPEALS



Section 4

The Act, Sections 15 to 26 and Regulations 5 to 8

LICENCE DENIED, SUSPENDED, REINSTATED OR REVOKED AND APPEALS

This section is for people who are refused a licence, and for people who have a licence that is suspended or revoked (cancelled). This section explains why these things could happen and what to do to correct the situation. It also explains the process to appeal a decision to deny, suspend or revoke a licence.

In this section some of the requirements of the Act and Regulations have been summarized. If your licence has been denied, suspended or revoked, refer to the Act and Regulations for exact wording.

THE ACT, SECTIONS 15 TO 19

Decision to Deny, Suspend, Reinstate or Revoke a Licence

15 Deny a Licence
The Director may refuse to issue a licence and will explain, in writing, the reasons for refusing to issue the licence.

16(1) Suspend a Licence
The Director may suspend a licence if there are concerns about the health, safety or well being of a child.

16(2 and 3) If a child day care operator contravenes (violates, or does not follow) the *Child Day Care Act* or Regulations the Director may order the operator take steps to remedy the situation. If the operator does not do so the Director may suspend the licence.

16(4) (5) and (6) When the Director suspends a licence the operator will receive, in writing, notification of the reasons, what the operator has to do to remedy the situation, and the time frame for the operator to apply for the licence to be reinstated.

17 Reinstate a Licence
The operator may apply to the Director to have a licence reinstated within the time frame stated on the notice of suspension. The Director may reinstate the licence if the reasons for suspending the licence have been addressed satisfactorily.

18 Revoke a Licence
The Director may revoke (cancel) a licence if the operator has not remedied the situation that led to the licence suspension, or if the operator persistently contravenes the *Child Day Care Act* or Regulations. The Director will explain, in writing, the reasons for revoking the licence.

19 Close a Child Day Care Facility
When a licence is suspended or revoked the operator must close the child day care facility without delay.

Why

◆ To ensure quality care, instruction and supervision of children.

◆ To ensure that child care operators are following the law – the *Child Day Care Act* and *Child Day Care Standards Regulations*.

◆ To explain the process the Director will follow to deny (refuse) a licence in the first place, or to suspend, reinstate or revoke an existing licence.

◆ To explain what the licence applicant or operator has to do if a licence is denied, suspended or revoked.

What it means

☞ When the Director denies, suspends or revokes a licence the licence applicant or operator will receive written notification of the reasons, what they have to do to remedy the situation and a time frame.

☞ The child care program must not operate when a licence has been suspended or revoked. It must close immediately and remain closed until the licence is reinstated.

☞ The licence applicant or operator must make the changes that the Director identifies, within the time frame given.

☞ The licence applicant or operator can then apply to the Director to issue a licence or to have the licence reinstated.

☞ If the Director is satisfied that the licence applicant or operator has made the required changes, the Director will issue or reinstate the licence and the program can operate.

☞ If the Director is not satisfied that the licence applicant or operator has made the required changes, the Director will not issue a licence or will revoke (cancel) the licence and the program must remain closed.

How to...

✓ Avoid problems in the first place:

- Keep the health, safety and well-being of children as the main focus of all decisions and actions.
- Follow the law – the *Child Day Care Act* and *Child Day Care Standards Regulations*.
- Ask the Regional Consultant for help, if needed.

✓ If a licence is denied or suspended:

- Read the *Child Day Care Act*, Sections 16 through 19 to know exactly what the Director will do, and what the licence applicant or operator has to do. (The shaded box on previous page is a summary. It is not the exact wording.)
- Take the licence denial or suspension process seriously:
  - If your licence application is denied make the changes the Director has asked for, and reapply for a licence.
  - If your licence is suspended, close the child care facility immediately, make the changes the Director has asked for, and apply to have your licence reinstated.
- Ask the Regional Consultant for help, if needed.

THE ACT, SECTIONS 20(1) AND (2)

Appeal Licence Decision Within 30 Days

20(1)
A person who has been refused a licence or an operator whose licence has been suspended or revoked may appeal the decision of the Director to a person or persons designated by the Minister under section 21.

20(2)
The person, or operator, may appeal the decision to the Minister within 30 days, giving reasons for the appeal.

Why

- Appeals are available to anyone who believes that the decision regarding their child care licence is not correct.
- The appeal process is an opportunity to provide additional information that may influence the decision made about the licence.

What it means

- The licence applicant or operator may file a notice of appeal with the Minister of Education, Culture and Employment within 30 days of receiving the notice of refusal, suspension or revocation of a licence.
- The notice of appeal must include reasons why the licence applicant or operator thinks the decision should be overturned or changed.

How to...

- ✓ Write the appeal, or ask someone else to write the appeal, so that it is clear and contains only important and necessary information. Ask someone else to read it and make suggestions if wording is not clear.
- ✓ Send the appeal to the Minister within 30 days.
- ✓ Remember that if a licence is denied, suspended or revoked it is because the Director has concerns about the care, instruction or supervision of children. It's not a personal criticism of the licence applicant or operator.

REGULATION 5(1)

Appeal Location

An appeal heard under section 20 of the Act must, wherever possible, be held in the community in which the child day care facility is, or is intended to be, located.

Why

◆ For the convenience of the person who filed the appeal.

THE ACT, SECTION 21 AND REGULATION 5(2)

Appointment of a Designated Person to Hear the Appeal

Act 21
Upon receipt of an appeal the Minister will appoint someone to hear the appeal.

5(2)
A designated person under section 21 of the Act must, wherever possible, be appointed from the community in which the child day care facility is, or is intended to be, located.

Why

◆ To name a person to represent the Minister of Education, Culture and Employment during an appeal.

What it means

☞ The Minister designates a person to hear the appeal, without delay.

☞ The designated person will hear the appeal on the Minister's behalf.

☞ The designated person does not work for the Department of ECE.

☞ Whenever possible, the designated person is a member of the community where the child care facility is located, or is proposed to be located.

THE ACT, SECTION 22(1) AND REGULATION 6

Duties of a Designated Person

Act 22(1)

A designated person:

(a) shall set a time and place for the hearing of the appeal without delay;

(b) shall notify the person who filed the appeal (the appellant), and the Director, of the time and place of the hearing of the appeal.

6

A designated person:

(a) shall conduct the appeal in the manner that he or she considers most appropriate for the prompt resolution of the appeal; and

(b) may exercise the same power as a justice with respect to compelling the attendance of witnesses, examining witnesses under oath, and compelling the production and inspection of books, papers, documents, and other items.

Why

- To administer the appeal process quickly and fairly.
- To define the role and responsibilities of the person designated to hear the appeal, and the process that the designated person must follow.

What it means

- The designated person plans and conducts the appeal according to the directions in the shaded box.
- The designated person hears the appeal quickly.
- The designated person has the same powers as a judge; he or she can:
  - require witnesses to attend the appeal, and
  - require that any and all relevant information and materials are produced and examined at the appeal.

REGULATION 7

Failure to Appear at an Appeal

Where notice of an appeal has been given under paragraph 22(1)(b) of the Act, and the appellant fails to appear, a designated person may hear the appeal in the appellant's absence.

Why

- ◆ To ensure the appeal is heard in a timely manner.
- ◆ To resolve the appeal so that parents can return their children to the program or make other arrangements for child care.

What it means

☞ If the person who filed the appeal (the appellant) does not attend the appeal, the designated person may hear the appeal without them.

REGULATION 8(1)

Public Appeals

Subject to subsection (2) an appeal heard under the Act is open to the public.

Why

◆ To create an open and transparent appeal process.

REGULATION 8(2)

Exclusion of the Public

A designated person may exclude the public from an appeal hearing or a portion of an appeal hearing if:

(a) the appellant has requested that the public be excluded; and

(b) in the opinion of the designated person, such an exclusion is in the public interest.

Why

◆ To protect the general public interest if the appellant provides reasons why the public should not be allowed to attend an appeal hearing.

What it means

☞ After hearing the reasons why the appellant does not want the public to attend the appeal hearing, and after considering the general public interest, the designated person will decide whether or not the public will be allowed to attend the appeal hearing.

REGULATION 8(3)

Who Can Give Evidence

Where a designated person is satisfied that a person has a substantial and direct interest in an appeal, the designated person shall allow the person to give evidence relevant to his or her interest.

Why

◆ To hear any and all information that will assist in determining the final decision of the appeal.

What it means

☞ The designated person must allow people with a substantial or direct interest in the appeal to give evidence at the appeal hearing.

How to...

✓ All evidence should be clear, concise and relevant.

✓ Answer all the designated person's questions and provide all information requested.

✓ Consider asking an advocate, or even legal counsel (a lawyer) to attend the appeal with you, and if necessary, speak on your behalf. (Note: If you hire a lawyer you will be responsible for any legal fees and costs.)

THE ACT, SECTION 23

Appeal Decision

23(1)

Within 15 days of hearing an appeal a designated person may:

(a) if the appeal was because a licence was refused, confirm the decision, or direct the Director to issue the licence; or

(b) if the appeal was because a licence was suspended or revoked, confirm, change or reject the decision and direct the Director accordingly.

23(2)

The designated person will notify the appellant and the Director, in writing, of his or her decision and specify the reasons for the decision.

Why

◆ To ensure a decision is made quickly and the appellant and Director are notified.

◆ If the Director's decision is not confirmed, to tell the Director what to do.

What it means

☞ After reviewing the evidence presented at the appeal the designated person:

- either agrees with the Director's decision to deny, suspend or revoke a licence, or
- tells the Director to issue the licence, or
- tells the Director what other action to take.

THE ACT, SECTIONS 24 TO 26

Appealing the Appeal Decision

24
The appellant or the Director may appeal the decision of the designated person to the Minister within 30 days, with reasons given for the appeal.

25
The designated person must give the appeal file to the Minister.

26
The Minister has 14 days to review the file and may either confirm, change or reject the decision of the designated person, and direct the Director accordingly. The decision of the Minister is given in writing and is final.

Why

◆ To ensure that there is a follow-up process if the appellant or Director feels there are good reasons why the decision of the designated person should be overturned or changed.

What it means

☞ If the appellant or Director has reasons why the designated person's decision should be overturned or changed he or she may file a written notice of appeal with the Minister of Education, Culture and Employment within 30 days. The notice must include the reasons why the appellant or Director thinks the decision should be overturned or changed.

☞ The designated person must give the appeal file to the Minister, without delay.

☞ The Minister will review the appeal file and, within 14 days, either support, change or reject the designated person's decision. The Minister will then give direction to the Director.

☞ The Minister will given written notice of the decision to both the appellant and the Director.

☞ The Minister's decision is final.

SECTION 5

THE ACT, SECTION 27 AND REGULATIONS 9 AND 10

LEGAL DUTIES OF OPERATORS

Section 5

The Act, Section 27 and Regulations 9 and 10

LEGAL DUTIES OF OPERATORS

This section looks at the legal duties of child care operators. These include:

- offering only those programs they are licenced to offer
- meeting the requirements of the Regulations
- posting a copy of the Act, Regulations, licence, and notices in a place where they can be seen easily
- meeting the requirements of various other laws, including the duty to report suspected child abuse

THE ACT, SECTION 27

Type of Child Day Care Facility and Programs

An operator shall provide the prescribed programs and services to the children attending the child day care facility.

Why

- To ensure that the operator is offering the type of child care allowed by the licence.

What it means

- The operator has a licence to operate *either* a child day care *centre*, or a *family day home* (Regulation 3(2)), and;
- The operator has a licence to offer a certain program or programs of child day care – full-time, out-of-school, part-time, preschool (Regulation 3(1)).
- If an operator wants to run another type of facility or offer another type of child care program, the operator must apply for a licence to do so, as described in Section 2 of this handbook, Licences.

REGULATION 9(1)

Compliance with These Regulations

> **An operator shall ensure that a child day care facility operated by the operator complies with the requirements and standards established by these regulations.**

Why

- To set minimum standards for the care, instruction and supervision of children.
- To create consistency throughout licenced child care facilities in the NWT for children, parents/families and operators.

What it means

☞ The operator must know and follow the *Child Day Care Standards Regulations.*

☞ The operator must make sure that the facility and program meet all the requirements and standards of the Regulations.

How to...

✓ Read the *Child Day Care Standards Regulations* and take the time to understand what they mean.

✓ Look up specific regulations when relevant or required.

✓ Some regulations are tied to specific sections of the *Child Day Care Act.* In order for the regulation to make sense, read the corresponding sections of the Act. (When the wording of a regulation includes "under section x of the Act," this is the cue to read that section of the Act.)

✓ Some regulations are difficult to understand. Ask the Regional Consultant for help if you don't understand a regulation, or if you don't understand what the regulation is telling you to do.

✓ Go over relevant requirements of the *Child Day Care Act* and *Child Day Care Standards Regulations* as part of orientation of new staff and volunteers. (Relevant requirements are those that pertain to a specific job, the daily program, the day to day operation of the facility and emergency evacuation procedures.)

✓ Regardless of how familiar you are with the Act and Regulations, be prepared to refer to them often. (You can't memorize them all.)

Resources

📖 *Not-for-Profit Child Care Centre Boards in the Northwest Territories: Administration and Management Manual*, and *Child Care Board Resource Toolkit*
Chapter 5: Policies and Procedures (useful for any regulations that require the operator to develop a policy and/or procedures)

REGULATION 9(2)

Post the Act and Regulations

> An operator shall post a copy of the Act and these regulations in a conspicuous location within the child day care facility.

Why

◆ To make the *Child Day Care Act* and *Child Day Care Standards Regulations* available to staff and parents.

What it means

☞ The operator must post the *Child Day Care Act* and *Child Day Care Standards Regulations* in a place where they can be easily seen by anyone entering the facility.

How to...

✓ Choose a location, such as an information board, that is easily seen by anyone entering the facility.

✓ Post the *Child Day Care Act* and *Child Day Care Standards Regulations* on the information board.

THE ACT, SECTION 29

Post Licence and Notices

An operator shall post in a conspicuous place in the child day care facility:

(a) the licence, the terms and conditions imposed on the licence and any exemptions obtained under subsection 38(3) of the Act;

(b) any order issued under subsection 16(2) of the Act; and

(c) any notice of the suspension or revocation of a licence.

Why

◆ To show anyone entering the facility that the program has a licence, as well as the status of that licence.

What it means

☞ The operator must post the licence in a place where it can be seen easily, **and**:

1. If the licence was issued with terms and conditions (Regulation 3(5)) the letter explaining those terms and conditions, and a date by which they must be addressed, must be posted also.
2. If the Minister has issued an order that exempts a person, or persons, from compliance with the Act or Regulations (Act, Section 38(3)), that order must be posted also.
3. If the Director has issued an order to the operator to take specific measures (Act, Section 16(2)), that order must be posted also.
4. If the Director has suspended or revoked the licence (Act, Sections 16(1) and 18(1)), the notice of suspension or revocation must be posted also.

How to...

✓ Post the licence and, if applicable, the information in 1, 2, 3 and 4, in What it means.

✓ Use the same information board, or location, where you posted the Act and Regulations, as required by Regulation 9(2).

✓ See the box, **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

REGULATION 10(1)

Compliance with Other Legislation

An operator shall comply with:
(a) The *Hazardous Products Act* (Canada);
(b) The *Controlled Drugs and Substances Act* (Canada);
(c) The *National Building Code* (Canada);
(d) The *National Fire Code* (Canada);
(e) The firearms provisions of the *Criminal Code* (Canada);
(f) The *Child and Family Services Act* (NWT);
(g) The *Public Health Act* (NWT).

Why

◆ To ensure that child care facilities in the NWT comply with health and safety regulations outlined in specific federal and territorial laws.

What it means

☞ The operator must meet the requirements of the federal and territorial laws in the shaded box, as they relate to the operation of a child care facility and the delivery of an early childhood program.

☞ During their annual inspections the Regional Consultant, Fire Inspector and EHO will check to see that facility/operator meets the requirements of laws in the shaded box as they apply to the child care facility and/or the operator.

☞ If the Regional Consultant, Fire Inspector or EHO require any changes or improvements, see the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

How to...

✓ Laws are difficult to read. The Regional Consultant, Fire Inspector and EHO will help you understand what they are looking for and help you meet the requirements of the various Acts as they apply to a child care facility.

✓ Make sure staff and volunteers are aware of any requirements.

✓ Keep copies of inspection reports showing that the facility/operator meets the requirements of the various laws.

✓ The **Hazardous Products Act** is concerned with products, materials or substances that contain any product that is likely to be a danger to people's health or safety – for example products that are poisonous, explosive, etc. Many products designed for children are included in a Table of Banned Items – e.g. baby walkers, some infant car seats, and toys that contain heavy metals or toxic materials. Other children's products are included in a Table of Regulated Items – e.g. baby gates, child restraint systems and cribs. (See Resources.)

✓ The **Controlled Drugs and Substances Act** focuses on safe storage of any drugs and medications to ensure that children cannot access them (Regulations 45(e) and 52(3) and (4)).

✓ The **National Building Code** sets requirements for the design and construction of new buildings or substantial renovations to existing buildings. If you plan to build or renovate the facility you will have to meet the requirements of the National Building Code. Hire an experienced, qualified contractor who understands the requirements of the NBC. The construction, or renovation will be inspected by the Fire Marshal, or in some communities, a municipal building inspector.

✓ The **National Fire Code** sets minimum fire safety requirements for buildings and addresses fire protection/prevention procedures in the ongoing operation of a building. Take direction from the Fire Inspector for any conditions that need to be addressed to ensure the safety of children, staff and volunteers (Regulations 2(4)(c), 21(6), 55(1) and 56(1)).

✓ The firearms provisions of the **Criminal Code** set requirements for legal acquisition of firearms, as well as safe storage, handling and transportation of firearms (Regulation 53).

✓ The **Child and Family Services Act** requires anyone who suspects, or knows that a child may be the victim of child abuse or neglect to report immediately to a Child Protection Worker (Regulation 10(2)).

✓ The requirements of the **Public Health Act** and the role of EHOs are identified throughout the *Child Day Care Regulations*, in the areas of:

- Application for a Licence (Regulation 2(4)(d)),
- Requirements if there are animals in the facility (Regulation 20),
- Regular cleaning and sanitizing of all furnishings and equipment (Regulation 21(2)(c)),
- Safe food storage, handling and serving (Regulation 33),
- Sanitation of toilet and washing areas, including diapering areas and procedures (Regulations 40 to 43),
- Satisfactory containers and procedures for removing garbage and refuse, including diapers (Regulation 44),
- Prevention and management of communicable diseases (Regulations 46 to 50).

Resources

📖 Regional Consultant, Fire Inspector and EHO

📖 Health Canada
www.hc-sc.gc.ca
> enter into the search box
> *Quick Reference Guide to the Hazardous Products Act*

REGULATION 10(2)

Duty to Report a Child Who Needs Protection or Duty to Report Suspected Child Abuse

> An operator shall ensure that each staff person is informed of, and understands, his or her duty under the *Child and Family Services Act* to report to a Child Protection Worker if the staff person has information of a child in need of protection under that Act.

Why

- ◆ To ensure that any and all suspicion or evidence of child abuse is reported to a Child Protection Worker, without delay.
- ◆ To protect operators and staff of child care facilities if they report possible child abuse.

What it means

- ☞ A child in need of protection is a child who is or may be a victim of child abuse. This includes physical abuse, psychological abuse, emotional abuse, sexual abuse, and neglect.
- ☞ If anyone operating or working in a child care facility suspects or has evidence that a child needs protection then he or she *must* report immediately to a Child Protection Worker (or other authorized person such as the RCMP if the child protection worker is not available.)
- ☞ The person reporting does not have to have proof that a child needs protection. Finding proof, or determining if a child needs protection or not, is the job of the Child Protection Worker.
- ☞ If the operator or staff member does not report a child needing protection they could be fined up to $5,000, they could go to jail for up to 6 months, or both. (*Child and Family Services Act*, Section 8(6).)
- ☞ No one can sue or take other action against a person who reports a child in need of protection, unless it was done maliciously.

How to...

- ✓ Know who the Child Protection Worker is in the community, and how to contact them.
- ✓ Report suspected child abuse to a Child Protection Worker without delay.
  - You don't have to have proof.
  - You don't have to tell your supervisor, or anyone else, first.
  - You don't have to fill out a form before you can report.
  - You can't get someone else to do it for you.
  - You just do it!
- ✓ If the Child Protection Worker is not available, report to a peace officer (RCMP).
- ✓ Do not contact the parents about the report.
- ✓ Do not talk to others, including other staff members, about the report.
- ✓ Cooperate with the Child Protection Worker investigating possible child abuse, as needed.
- ✓ Understand that the duty to report is "simple" but at the same time it may be very difficult because of the emotions that it creates. This is normal, but it means that a person reporting possible abuse might need support, such as talking to a counsellor.
- ✓ Inform the Regional Consultant that a report of suspected child abuse has been made. Do not provide details.

Centre operators:

✓ Review the duty to report with staff, and what that means, every year.

✓ Ask the Child Protection Worker to train staff to recognize the signs of possible abuse.

✓ If you develop procedures for reporting possible abuse make sure they are legal and support the *Child and Family Services Act*:

- It may be the policy of a child care program that a person making a verbal report informs their supervisor after they have done so (unless it is the supervisor who is suspected of child abuse).
- It should NOT be a policy of the facility for the person making a report to provide details to their supervisor. Details are provided only to the Child Protection Worker investigating the report of possible abuse.
- Operators may want to develop a written form for the staff member to use after a verbal report has been made. This is not required by law, but it may help the person who made the verbal report record important details while still fresh in his or her mind. The person completing the report should store it in a confidential manner – it should not go "on file" at the facility – and destroy it once they know that the Child Protection Worker has received it.

Resources

Responding to Emergencies: A Handbook for Early Childhood Programs
Department of Education, Culture and Employment, GNWT

Dealing with Child Abuse: A Handbook for School Personnel, available at www.ece.gov.nt.ca
> Kindergarten to Grade 12
> Student Support
> *Dealing with Child Abuse: A Handbook for School Personnel*
This handbook was written for people who work in NWT schools but the information is useful for child care providers too. Among other things, it contains information on the various types of child abuse, what to do if a child tells you they are being abuse, how to report (possible) child abuse, working with abused children in the classroom, and taking care of yourself.

Well Beings: A Guide to Health in Child Care (3rd edition)
Chapter 14: Protecting Children from Maltreatment
Order from www.caringforkids.cps.ca
> Bookstore

Section Resources
Protecting Children: Helpful Rules to Keep Young People Safe R5-1
What to Do if You Think a Child is Being Abused or Neglected......................R5-2

RESOURCE SHEET

Canadian Child Care Federation

#13

Protecting Children:
Helpful Rules to Keep Young People Safe

Two out of three females and one out of three males will be the victims of an unwanted sexual act; 80% of the time, the assault will occur before the person has reached the age of 21.

Nearly one quarter of assaults or attempted assaults on females occur before the child has reached the age of 11.

Over 80% of abusers are persons known to the child.

Most parents, caregivers and early childhood educators want to educate children about sexual abuse, but are not sure how to go about it. These guidelines will help them teach children how to keep safe. Remember, you risk doing more harm to the child by avoiding the subject than by saying too much. Adults who talk openly will be seen by children as approachable and children will feel free to bring their worries and concerns to them.

Things to do as a family/group

1. An unattended child is a child at risk. A parent should arrange with their child an alternative place to wait if they are delayed. A child care provider should never leave a child unattended even if this means waiting for a parent who is late.
2. Whenever possible, have children walk in pairs or groups. Children should always travel the same way home.
3. Parents should know the adults who work with the children at school, in child care and in recreational programs. Conversely, those adults who work with children should try know the parents.
4. Some families use a secret code. Their children are never to go with anyone, not even close family friends, unless such friends are able to give the child this code. Once the code has been used, it should be changed. The person who is providing child care should never allow the child to leave with an unfamiliar adult, unless the parent has authorized it.
5. Never allow young children to go to a public washroom unattended.
6. Parents should check a child care situation thoroughly. Latchkey children should be taught never to admit visitors into their homes and never to let telephone callers know they are alone.
7. There are many educational resources for families and child care workers. As adults responsible for the care of young children, parents, caregivers and early childhood educators should become knowledgeable about child abuse detection and reporting.

Things to tell a child

1. Explain to children the difference between "good touches" and "bad touches" and encourage them to listen to their feelings.
2. Give children the self-confidence to assert themselves if they get a "no feeling" because someone either touched them or asked them to do something they felt was not right.
3. Give children permission to say "no, don't touch me" to that person, and reassure them that it is not rude to do so.
4. Impress upon children that they must tell an adult they trust, if anyone – even someone they love – threatens or touches them in a way that doesn't feel right. Explain to them that this is not something that they should keep secret, even if that person told them not to tell.

What to do if a child tells you he/she has been approached or assaulted

1. Listen to the child and let him or her tell you in his/her own words, or with drawings or dolls if that is easier. Don't suggest words or modify what is being said. Your ideas might confuse the truth.
2. Young children seldom lie about sexual abuse. Reassure the child that you believe what he/she has said, and that you are glad to have been told about it.
3. Do not blame the child, show horror or anger, or encourage any belief in the child that this was his/her fault.
4. Support the child and recognize the child's feelings – whether they are anger, fear, sadness or anxiety, and assure the child that you will protect him or her from any further abuse.
5. Let the child know that you are going to take steps to make this stop, but don't burden the child with details about what happens next. Professionals can help you guide the child through this process.
6. If you suspect that a child has been abused, you must by law call the police or child protection officials at once.
7. If a child is to be interviewed by a social worker or police officer, ensure that someone close to the child is also present.

This resource sheet has been updated since its development in 1991 as a joint project of the Canadian Child Care Federation and the Canadian Association of Toy Libraries and Parent Resource Centres. Originally adapted from information provided by The National Clearinghouse on Family Violence, Health and Welfare Canada. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the Canadian Child Care Federation, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 or 1 800 858-1412. Fax (613) 729-3159. Email cccf@sympatico.ca. Website www.cfc-efc.ca/cccf. © CCCF 2001

What happens next?

- A Child Protection Worker or RCMP officer has been trained to listen to what you report, and determine what steps to take next.
- A Child Protection Worker will assess the child's safety and wellbeing.
- They will work with the child and his or her family to make sure any issues are addressed.
- Under the law, you have done your part by making the call.
- Because of the child's right to privacy, you will not be provided with any other information.

For more information:

Child and Family Services exist to protect and support children in the NWT and to encourage strong, healthy families.

This information is available as an audio recording in the NWT Official Languages at **www.hlthss.gov.nt.ca** or by phoning **1-855-297-5155**.

Vous pouvez obtenir les présents renseignements sous format audio dans les langues officielles des TNO sur le site **www.hlthss.gov.nt.ca** ou en composant le **1-855-297-5155**.

What to do

if you think a child is being abused or neglected.

Northwest Territories Health and Social Services

March 2012
www.hlthss.gov.nt.ca

You Have a Duty to Report

- If you think a child is being abused or neglected, you have a duty to report it to a Child Protection Worker or RCMP officer. It is the law to report this.
- You cannot ask someone else to report it. The report can only be made by the person who thinks a child may need protection.
- Protecting children is a community responsibility. It is important that we all take action to protect our children.

What do I do if a child tells me that he or she has been abused?

- Stay calm and listen – if you are shocked or angry, the child may be scared to talk further.
- Be supportive – let the child know they haven't done anything wrong. Don't ask 'why' questions.
- Tell the child what will happen next – that you need to report the problem to a Child Protection Worker or RCMP officer to keep them safe.
- Report what the child has told you to the Child Protection Worker or RCMP officer as soon as possible.

It is not your job to investigate – talking to children about these topics is sensitive, and it is important that the investigation be done by a trained professional. It is your job to tell the Child Protection Worker or RCMP officer, who will know what to do.

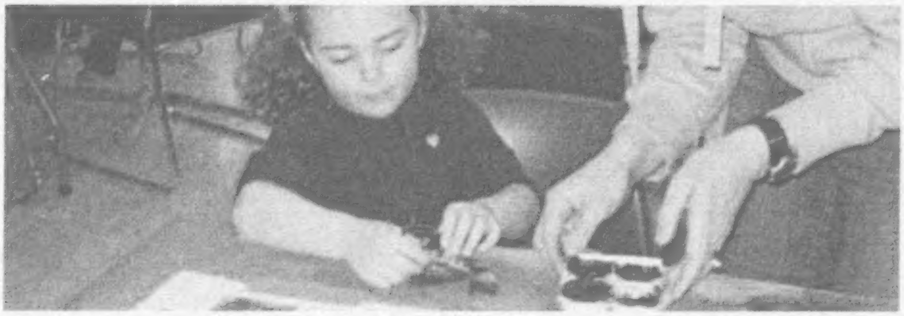
	Possible Signs of Abuse	
Type of Abuse	**To the child's body and/or health**	**In the way the child acts or behaves**
Physical abuse causes hurt or injury to a child's body.	• injuries that do not match the explanation • injuries that are uncommon for a child of that age or development • many injuries in different stages of healing	• can't explain how they were injured • cringes or flinches if touched • aggressive or withdrawn
Emotional abuse causes harm or hurt to a child's self esteem or self worth	• non-medical bed-wetting • lots of headaches or stomach aches • child fails to thrive	• depression • extremely aggressive or withdrawn • extremely well-mannered, overly eager to please
Sexual abuse a child has been molested or exploited sexually	• unusual itching in genital area or injury of genital or anal area • torn stained or bloody underwear • pregnancy • sexually transmitted infection (STI)	• age-inappropriate sexual knowledge or play • special 'secret' or new older friend • age inappropriate sexually explicit drawing or descriptions
Neglect A child is not being well-supervised, protected, cared for or provided for	• unclean • unattended medical needs • hunger	• frequently miss school or activities • not clothed for the weather • regularly doesn't have a lunch • tells you they are regularly left alone

* This is not a complete list of possible signs of abuse. If you are worried about a child, ask a Child Protection Worker or RCMP officer.

SECTION 6

REGULATIONS 11 TO 14

ADMINISTRATIVE DUTIES OF OPERATORS



Section 6

Regulations 11 to 14

ADMINISTRATIVE DUTIES OF OPERATORS

This section explains the administrative tasks that are part of running a child care facility. It explains the information that operators have to collect on children:

- what they have to collect
- when they have to collect it
- how they are to collect it
- where they have to keep (or file) it
- how long they must keep it, and finally
- that they must keep the information **confidential**

Operators also must:

- keep accurate and up-to-date financial records

REGULATION 11(1) AND (2)

Application for Enrolment

11(1)

An operator shall require a parent who enrols a child in a child day care facility to complete and sign an application for enrolment.

11(2)

The application referred to in subsection (1) must include:

(a) the child's name, address, and birth date;

(b) the name, home address, work address, telephone numbers and, if applicable, the e-mail address of the child's parent;

(c) the name, home address, work address, telephone numbers and, if applicable, the e-mail address of a person who may be contacted in case of an emergency if an attempt to contact the child's parent is not successful;

(d) the names of individuals to whom the child may be released;

(e) the name of any parent or other person who, by court order or agreement, is restricted in or prohibited from exercising access to the child or picking up the child, and a copy of the applicable court order or agreement;

(f) the name of a health care professional providing health care to the child;

(g) the child's health card number;

(h) a copy of the child's immunization record;

(i) a record of any medical, physical, developmental or emotional condition of the child relevant to his or her care;

(j) a waiver signed by the child's parent allowing the operator to obtain medical treatment for the child in the case of an emergency, accident or illness;

(k) if the child has food allergies or special food requirements, or requires special feeding arrangements, information on the allergies, food requirements or feeding arrangements;

(l) written permission from the child's parent allowing the child to be taken on excursions by staff;

(m) if the child day care facility provides or arranges for transportation in a vehicle for excursions, written permission from the child's parent allowing the child to be transported in a vehicle; and

(n) if the parent allows the child to be photographed or visually recorded, written permission to that effect.

Why

- ◆ To ensure that operators and staff have access to up-to-date and accurate information about the children in their care.
- ◆ The information on the application is needed in order to keep children safe and enable their participation in the early childhood program.

What it means

- ☞ The operator must have parents fill out and sign an application for enrolment before accepting a child into the early childhood program.
- ☞ The application for enrolment must include all of the information in the shaded box, previous page.

How to...

- ✓ Develop an application for enrolment with the information required by the shaded box. Use plain language whenever possible – e.g. Last Name, not Surname.
- ✓ Ask parents to complete the application for enrolment so that you have all the required information.
- ✓ Do not accept children into the program until parents have fully completed and signed the application for enrolment.
- ✓ Parents must provide a copy of the child's immunization record. This does not mean that the child has certain immunizations (shots). It only means that the operator knows what immunizations a child has had, and has not had. (This is important in the event of a suspected disease outbreak. See Regulations 48(3) and 50(1), (2) and (3).)
- ✓ Keep the competed application in the child's file, described in Regulation 11(4).
- ✓ Keep the information confidential as required by Regulation 11(6).

Resources

Section Resources
Sample Application for Enrolment Form R6-1
Consent Form for Emergency Care
and Transportation..R6-3

REGULATION 11(3)

Annual Update of Immunization and Medical Information

An operator shall request a parent who enrols a child in a child day care facility to provide, and the parent shall provide:

(a) an annual update of the child's immunization record; and

(b) an annual update of any medical, physical, developmental or emotional condition relevant to the care of the child.

Why

◆ To ensure that operators have up-to-date immunization information and important medical information, in order to keep children safe and enable them to participate in the early childhood program.

What it means

- ☞ The operator must ask parents to provide an updated immunization record, each year. Parents must provide it.
- ☞ If the child has any medical, physical, developmental or emotional condition that the operator needs to know about in order to properly and safely care for the child, the operator must ask parents to provide an update of the condition, each year. Parents must provide it.
- ☞ The regulation does not specify what form the information should be provided in. This means that it could be a verbal update by the parent, a written report from a health care professional, a photocopy of an immunization record, etc.
- ☞ If a parent does not provide the immunization record and/or update the operator must prevent the child from attending the facility until the required information is provided.

How to...

- ✓ Each year ask the parent to provide updated immunization information, and updated information on any medical, physical, developmental or emotional condition that the operator needs to know about in order to properly and safely care for the child, and/or for the child to participate in the daily program.
- ✓ If the parent does not provide the required updates you must exclude the child from the program until they do.
- ✓ If the parent gives you a verbal update, summarize the update in writing and ask the parent to initial it.
- ✓ Keep the information in the file described in Regulation 11(4).
- ✓ Keep the information confidential as required by Regulation 11(6).
- ✓ Make sure that all staff are aware of any relevant medical information when working with a child.
- ✓ Contact Public Health if there are general questions or concerns regarding health and medical conditions that children may have. Do not identify specific children or families by name – you are required by Regulation 11(6) to maintain confidentiality.

REGULATION 11(4)

File for Each Child

REGULATION 11(5)

File Kept for Five Years

11(4)

An operator shall maintain a file for each child attending, or who has attended, the child day care facility that includes the following:

(a) the application for enrolment of the child signed by the child's parent;
(b) the date of admission of the child to the facility;
(c) the date the child ceases to attend the facility;
(d) the immunization record of the child as updated annually; and
(e) information on any medical, physical, developmental or emotional condition relevant to the care of the child as updated annually;
(f) any reports referred to in section 13 respecting the child.

11(5)

An operator shall retain the file referred to in subsection (4) for a period of five years after the date the child ceases to attend the facility.

Why

- To establish and maintain complete and accurate information on children attending a child care facility.
- To ensure that up-to-date immunization and medical information is easily available for every child who is attending, or has attended a child care facility.
- To give direction to operators about how long to keep a file after a child stops attending.

What it means

- The operator must set up a separate file for each child who is attending the facility. Each child's file must contain the information shown in the shaded box.
- The operator must keep the file for five years after the date when the child stops attending the centre or family day home.

Related regulations

⇔ 13(1): The operator must write a report for a serious occurrence involving a child, such as an accident or serious illness, using procedures set by the Director. A copy of the report must be kept in the child's file.

How to...

✓ Set up an area with locking filing cabinet(s) in the child care facility.

✓ Set up a file for each child as soon as there is an application for enrolment or any other information collected under Regulations 11(2), (3) and 13(1).

✓ Store files alphabetically so each child's file is easy to locate, particularly in an emergency.

✓ File any information on a child as soon as possible. There is less mess, less chance of something getting lost, and less chance of problems with confidentiality.

✓ Keep the files up-to-date by adding annual or new information, as per d), e) and f) in the shaded box.

✓ Dispose of any outdated information (e.g. old immunization records) in a manner that ensures confidentiality, such as incineration or shredding.

✓ Keep the information in the children's files confidential as required by Regulation 11(6).

✓ When a child is no longer attending the child care facility:

- complete the file of that child by recording the date that the child stopped attending, as per c) in the shaded box,
- keep the file for 5 years, and
- dispose of old files in a manner than ensures confidentiality, such as incineration or shredding.

Resources

Section Resources

File For Each Child Checklist R6-4

REGULATION 11(6)

Confidentiality

REGULATION 11(7)

Exceptions to Confidentiality

11(6)

An operator shall keep information concerning a child or the child's family confidential, including information contained in a file referred to in subsection (4).

11(7)

Notwithstanding subsection (6),

(a) the child's parent, except a parent who has no right of access to the child, may have access to the information contained in the file referred to in subsection (4); and

(b) The Director may, on request, inspect a file referred to in subsection (4).

Why

- To ensure that information on a child or child's family is kept confidential.
- To explain who the operator can allow to look at a child's file.

What it means

- The operator must keep **all** information on a child confidential, not just the information in the child's file created under Regulation 11(4).
- The child's parent is allowed to look at the child's file, unless the parent has no right of access to the child.
- The Director is allowed to look at a child's file and may also give permission to the Regional Consultant to look at a child's file.

Related regulations

- 10(2): The operator and staff must report a child in need of protection (a child who may be a victim of abuse or neglect) to a Child Protection Worker even if it means sharing confidential information.
- 50(1): The operator must notify the Chief Public Health Officer if they think a child has a communicable disease.

How to...

- ✓ Keep all files containing child/family information in a locked storage unit at the facility.
- ✓ Share *relevant* information with staff if they need the information in order to provide care, instruction or supervision for the child.
- ✓ Avoid discussing information about a child or a child's family with other families.
- ✓ Make sure all staff understand the importance of not discussing information about a child or a child's family with other families.
- ✓ Make sure you have parental permission to photograph or visually record a child. This was required on the application for enrolment, Regulation 11(2)(n).
- ✓ Allow parents to look at a child's file if they ask, unless the parent has no right of access to the child.
- ✓ Allow the Director or Regional Consultant to look at a child's file if he or she asks.
- ✓ Confidentiality can be broken when a child is endangered in some way, such as health, neglect or abuse. (See Related regulations, previous page.)

Resources

- *Not-for-Profit Child Care Centre Boards in the Northwest Territories: Administration and Management Manual*
  Chapter 5, Section 2: Confidentiality
- *Not-for-Profit Child Care Centres in the Northwest Territories: Child Care Board Resource Toolkit*
  Chapter 5, Section 3: Confidentiality

REGULATION 12(1)

Daily Attendance Record

REGULATION 12(2)

Daily Attendance Record Kept for Five Years

12(1)
An operator shall maintain a daily attendance record for each child attending the child care facility, including the time of arrival and the time of departure of the child.

12(2)
An operator shall retain a daily attendance record referred to in subsection (1) for a period of five years.

Why

- To identify which children are in attendance in the event of an emergency.
- To identify the hours that a child is in the care of the facility.
- To identify which children were in attendance, on a given date or time period, in the event of a health, child protection, environmental, or other issue.
- To give direction to operators about how long to keep attendance records.

What it means

- The operator must keep a daily attendance record for all children attending the child care facility.
- The daily attendance record must show the time each child arrives and the time each child leaves.
- Daily attendance records must be kept for at least five years before they are disposed of or destroyed.

Regulation 12(1) Daily Attendance Record
Regulation 12(2) Daily Attendance Record Kept for Five Years

How to...

- ✓ Create and use a daily register (sign in/sign out sheet) so that children can be accounted for at all times.
- ✓ Complete the register in the manner that works best for you. For example:
  - ask parents to sign their child in and out, or
  - assign a staff member to note children's arrival and departure times, or
  - ask older children who arrive and/or depart on their own to sign themselves in and/or out.
- ✓ If parents or older children are filling out the register, place or post the register where it can't be missed and make sure there is both a clock and pen or pencil handy.
- ✓ *You* are responsible for collecting attendance, sign in and sign out information – if parents or older children are supposed be doing it check to make sure they are. And if some aren't then use another way to make sure children are signed in and out.
- ✓ In the case of an emergency evacuation remove the daily register from the child care facility and take it with you.
- ✓ Keep daily attendance records for at least five years.
- ✓ After five years, dispose of daily attendance records in a manner that ensures confidentiality, such as incineration or shredding.

Resources

Section Resources
Daily Attendance Form R6-5

REGULATION 13(1)

Report of a Serious Occurrence

REGULATION 13(2)

Report Serious Occurrences to the Director

13(1)

An operator shall, in accordance with any guidelines established by the Director, complete a written report on the following occurrences:

(a) any accident causing injury:
  (i) at the child day care facility during the hours of operation of the facility;
  (ii) at any other location used in the delivery of the daily program while the location is being used for that purpose;
(b) any serious incident;
  (i) at the child day care facility;
  (ii) at any other location used in the delivery of the daily program;
(c) any injury to a child, or any onset of serious illness in a child, occurring during the hours of his or her attendance at the child day care facility or any other location as part of the daily program;
(d) the presence at the child day care facility of any person who has a communicable disease.

13(2)

An operator shall provide a copy of the report to the Director no later than the next business day after the identification of an occurrence referred to in subsection (1).

Why

◆ To ensure that operators document the response to a serious occurrence.

◆ To ensure the Director is informed of all serious occurrences in a timely manner.

What it means

☞ A serious occurrence means any of the specific events listed in the shaded box, as well as any other serious incident at the facility, even after hours.

☞ Other serious incidents might include a fire, utilities outage, damage to the building by a storm, firearm threat, missing/lost child, firing a staff member, etc.

☞ The Director has established guidelines for reporting serious occurrences. These are outlined in How to…, next page.

☞ Without delay, the operator must write a report explaining any serious occurrence identified in the shaded box and what action(s) the operator took.

☞ The operator must give a copy of the report to the Director before the end of the next business day at the latest.

Related regulations

⇔ 11(4): If the serious occurrence involved a specific child or children, the operator must keep a copy of the report in the child's/children's file(s).

⇔ 50(1): If the serious occurrence is a child suspected of having a communicable disease the operator must ask the parent to pick up the child immediately, isolate the child from other children, and notify the Chief Public Health Officer.

How to...

✓ Make sure you have Serious Occurrence Report forms available. Ask the Regional Consultant for blank forms if you don't have any.

✓ As soon as possible, inform the Regional Consultant of any serious occurrence so that the Regional Consultant:
- is aware of the situation, your actions, etc.,
- can provide support, information or other help, and
- is not taken by surprise with a phone call from the media, an upset parent or other source.

✓ If you're not sure if a serious incident should be reported to the Director, ask the Regional Consultant.

✓ As soon as possible after a serious occurrence, on the same day, use the form to document the serious occurrence and the actions taken to address the situation. Include:
- Date of occurrence
- Time of occurrence
- Location of occurrence
- Name of any child injured, ill or with a communicable disease
- Nature of occurrence – such as accident causing injury (adult or child), ill child, person with communicable disease, other emergency affecting the facility or the daily program (fire, carbon monoxide, fuel spill, lost child, intruder...)
- Names of people who witnessed the serious occurrence
- When and how the parent was contacted, and parental response
- Other actions the operator took, and when the actions were taken
- Other relevant and important details, if any. For example, if the sick child, or another child in the facility, has not been immunized, this would be important information.

✓ Give a copy of the report to the Regional Consultant as soon as possible after the serious occurrence happens – before the end of the next business day at the latest. The Regional Consultant will ensure that the Director is aware of the situation and that a report is on its way.

✓ Inform the Board of Directors, if applicable, of the serious occurrence, and give them a copy of the report.

✓ If the serious occurrence involved a specific child or children, put a copy of the report in the child's or children's file(s).

✓ Review, and make changes if necessary to routines, floor plans, staff responsibilities, or any aspect of the program to ensure, wherever possible, that a similar incident does not happen again. Ask the Regional Consultant or a health and safety professional for suggestions, if needed.

✓ **If the serious occurrence is a case of suspected child abuse, don't complete a Serious Occurrence Report**. Contact the Child Protection Worker, as required by Regulation 10(2). Without providing details, inform the Regional Consultant that a case of suspected child abuse has been reported.

Resources

Responding to Emergencies: A Handbook for Early Childhood Programs
Department of Education, Culture and Employment, GNWT

Section Resources
Serious Occurrence Report Form R6-6

REGULATION 14(1)

Financial Records

An operator shall maintain complete and accurate financial records of the child day care facility in accordance with generally accepted accounting practices.

Why

◆ A child day care operation is a business, and all businesses must keep financial records.

What it means

☞ The operator must keep up-to-date and accurate financial records using regular accounting practices.

How to...

✓ Use standard accounting procedures to record all financial transactions – any money which comes in and any money which goes out – along with supporting documentation such as invoices and receipts.

✓ If you are not familiar with standard accounting procedures hire someone else to "keep your books".

✓ Make financial records available as needed to auditors, funding agents and inspectors.

✓ Create a budget to operate the facility and replace equipment as needed.

Resources

Not-for-Profit Child Care Centre Boards in the Northwest Territories: Administration and Management Manual, and Child Care Board Resource Toolkit
Chapter 4, Section 2: Financial Management
Chapter 4, Section 3: Budgets

REGULATION 14(2)

Inspection of Financial Records

Where an operator receives financial assistance in respect of the operation of the child day care facility, including a day care subsidy from the Government of the Northwest Territories, the Director may inspect the records referred to in subsection (1).

Why

- To ensure funding is spent according to Government of the Northwest Territories' Early Childhood Program operational policies and procedures.
- To ensure the operator is complying with the Financial Administration Manual (FAM) regulations of the GNWT financial practices.

What it means

- Financial assistance means the operator is receiving Early Childhood Program funding provided by the Government of the NWT to assist with start-up costs and with the ongoing operation of a child care facility.
- If a new operator receives start-up Early Childhood Program funding from the Government of the NWT the operator will get a copy of *Start-Up Contributions: Operational Guidelines*, and *Start-Up Contributions: Procedures* as part of the start-up package. The operator is expected to follow the procedures.
- If the operator receives ongoing Early Childhood Program funding from the Government of the NWT the operator will get a copy of *Program Contribution: Operational Guidelines*, and *Program Contribution: Procedures*. The operator is expected to follow the procedures.
- The Director may ask to inspect the financial records, and the operator must comply.

Resources

- *Not-for-Profit Child Care Centre Boards in the Northwest Territories: Administration and Management Manual, and Child Care Board Resource Toolkit*
  Chapter 4, Section 2: Financial Management
  Chapter 4, Section 3: Budgets
- GNWT Early Childhood Program: *Start-Up Contributions: Operational Guidelines*, and *Start-Up Contributions: Procedures*
- GNWT Early Childhood Program: *Program Contribution: Operational Guidelines*, and *Program Contribution: Procedures*

Northwest Territories

Early Childhood Program
APPLICATION FOR ENROLMENT IN A CHILD DAY CARE FACILITY

This personal information is being collected under the authority of the *Child Day Care Act* and the *Child Day Care Standards Regulations* and is used to monitor the safety of children in the facility. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Director of Child Day Care Services, Department of Education, Culture and Employment @ 867-920-3491

Date (d/m/y): ____________

Name of Facility: ______________________ **Name of Operator:** ______________________

APPLICANT / CHILD INFORMATION

Last Name	First Name(s)		Date of Birth (d/m/y)
Home Address		Postal Code	Health Care Card No

PARENT / GUARDIAN INFORMATION

Last Name		First Name(s)	
Home Address		City / Community	Postal Code
Work Address		City / Community	Postal Code
Home Phone No.	Work Phone No.	Cell Phone No.	Email Address

EMERGENCY CONTACT (if parent/guardian cannot be reached)

Last Name		First Name(s)	
Home Address		City / Community	Postal Code
Work Address		City / Community	Postal Code
Home Phone No.	Work Phone No.	Cell Phone No.	Email Address

INDIVIDUALS TO WHOM THE CHILD MAY BE RELEASED

Name

Name

Name

INDIVIDUALS RESTRICTED / PROHIBITED FROM ACCESS TO THE CHILD

If applicable:* The name of any parent or other person who, by court order or agreement, is restricted in or prohibited from exercising access to the child or from picking up the child. *Please attach a copy of the applicable court order or agreement.

Name

Name

HEALTH CARE INFORMATION

Name of Health Care Provider / Family Physician

PLEASE ATTACH THE FOLLOWING: ☐ Copy of the child's **immunization record** (*required*)

Does your child have any record of a medical, physical, developmental or emotional condition relevant to his or her care? ☐ Yes (*Please attach a copy of the record*) ☐ No

CONSENT FORM FOR EMERGENCY CARE AND TRANSPORTATION

If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I give permission to the child day care staff to take whatever emergency measures they deem necessary for the protection of ______________________ (my child) while in their care.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

x ______________________ Signature of Parent / Guardian

Date (d/m/y)

☐ **ALLERGIES** ☐ **SPECIAL FOOD REQUIREMENTS / FEEDING ARRANGEMENTS (if applicable)** Please list and specify any pertinent information:

NWT6019/1212

Please complete BOTH sides of form

Early Childhood Program

APPLICATION FOR ENROLMENT IN A CHILD DAY CARE FACILITY

SPECIAL PERMISSIONS

PLEASE CHECK THE FOLLOWING PERMISSIONS AND SIGN AT THE BOTTOM OF THE FORM

PERMISSION FOR THE CHILD TO BE TAKEN ON EXCURSIONS BY THE DAY CARE STAFF

☐ Yes ☐ No I give permission for my child to leave the Child Day Care Facility in the company of qualified staff for walks and excursions in the local community.

NOTE: On major excursions parents/guardians will be notified in writing.

PERMISSION FOR THE CHILD TO BE TRANSPORTED BY A VEHICLE FOR THE PURPOSE OF EXCURSIONS

☐ Yes ☐ No I give permission for my child to travel in a vehicle provided by the Child Day Care Facility for the purpose of excursions.

NOTE: For each excursion using vehicles the parents/guardians will be informed as to how their child will be secured/restrained (e.g. booster seat) or if the vehicle does not have seat belts (e.g. school bus).

PERMISSION FOR THE CHILD TO BE PHOTOGRAPHED OR VISUALLY RECORDED (VIDEO TAPED)

☐ Yes ☐ No I give permission for my child to be photographed or visually recorded while at the Child Day Care Facility for the following reasons:

☐ Yes ☐ No **Newsletter**
☐ Yes ☐ No **Website**
☐ Yes ☐ No **Publicity / Advertising**
☐ Yes ☐ No **Day Care Facility Promotions**
☐ Yes ☐ No **Good News Story in Local Media/Newspaper**
☐ Yes ☐ No **Other (please specify):** ______________________

X ______________________ | ____________
Signature of Parent / Guardian | Date (d/m/y)

Please complete BOTH sides of form

—— FOR CHILD CARE FACILITY USE ONLY ——

CHECK DOCUMENTS ATTACHED

REQUIRED: ☐ Copy of child's immunization record

Dated ______________ (d/m/y)

IF APPLICABLE: ☐ Copy of any court order or agreement restricting or preventing a person from accessing or picking up the child

Dated ______________ (d/m/y)

☐ Record of any medical, physical, developmental or emotional condition relevant to the child's care

Dated ______________ (d/m/y)

Canadian
Paediatric
Society

Consent form for emergency care and transportation

Name of child: ______________________________

Date: ______________________________

If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the child care staff to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance.

If possible, the hospital will be ______________________________

____

or the doctor contacted will be (include doctor's name and address) ______________________________

____

____

______________________________.

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Parent's signature ______________________________

Centre director's or child care operator's signature ______________________________

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File For Each Child Checklist

Each child's file must contain:

- ✓ the application for enrolment that the parent completes and signs before the child starts attending the centre or family day home
- ✓ the date the child is admitted to the centre or home – i.e. the date when the child starts attending
- ✓ the date the child is discharged from the centre or home – i.e. the date when the child stops attending
- ✓ any Serious Occurrence Report (Regulation 13(1)) that involves the child:
  - injury to the child
  - onset of illness when the child is at the centre or family day home
  - presence of a child who has a communicable disease

Information to be added *each* year:

- ✓ update of the child's immunization record
- ✓ update on any mental, physical, developmental or emotional condition relevant to the care of the child

Information to be removed *each* year:

- ✗ previous year's immunization record
- ✗ previous year's update on any mental, physical, developmental or emotional condition relevant to the care of the child

All information in a child's file is confidential. Parents can look at a child's file – except parents who have no right of access to the child.

The Director or Regional Consultant can look at a child's file.

Daily Attendance for the week of ___________________

Parents: Please write arrival and departure times and your initials.

Child's Name	Monday		Tuesday		Wednesday		Thursday		Friday	
	In	Out	In	Out	In	Out	In	Out	In	Out

Northwest Territories

Early Childhood Program
SERIOUS OCCURRENCE REPORT

This personal information is being collected under the authority of the *Child Day Care Act* and the *Child Day Care Standards Regulations* and is used to monitor the safety of children in the facility. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Director of Child Day Care Services, Department of Education, Culture and Employment @ 867-920-3491.

Fax completed white form to your Regional Early Childhood Consultant:

	South Slave	North Slave (including Yellowknife)	Dehcho	Inuvik	Sahtu
Phone	867-872-7434	867-766-5114 or 5107	867-695-7239	867-777-7436	867-587-7160
Fax	867-872-4507	867-873-0423	867-695-7351	867-777-7218	867-587-2612

Required by the *NWT Child Day Care Standards Regulations* to be submitted by the next business day.

Facility	Operator		Phone	Fax
Location of Occurrence	Date	Time	Email	
If the serious occurrence involved a child:	Name		Date of Birth (DD/MM/YY)	Age

Type of Occurrence

☐ Injury (child) ☐ Injury (staff, volunteer, parent) ☐ Serious Illness (child) ☐ Communicable Disease (any person at the facility) ☐ Staff Member Fired

☐ Other emergency affecting the facility or daily program (eg. intruder, weapons, fire, chemical spill, missing child). Specify the emergency:

Details of Serious Occurrence

What, where and when it happened and actions taken by the operator or primary staff.
Be specific and include names of people who witnessed the serious occurence.

☐ Check if other pages are attached

Who has been notified?

☐ Parent or Emergency Contact ☐ Health Care Provider ☐ Child Protection Worker ☐ Police ☐ Environmental Health Officer ☐ Regional Early Childhood Consultant (by phone)

☐ Other (specify):

Injury Report (if applicable)

☐ Injured person taken to health centre or emergency (specify):

☐ Injured child released to (specify):

Injured person's condition: ☐ Care at Home ☐ Admitted to Hospital ☐ Medivaced to: ☐ Other:

Further action/follow up needed for this occurrence:

Reported By

Signature X	Name	Position	Date (DD/MM/YY)	Time

NWT6018/0912

White: Facility **Blue:** Child's File, if applicable

Serious occurrences must be reported to the Director of Child Day Care Services in accordance with *Child Day Care Standards (2013)* Regulation 13, and if the serious occurrence involved a specific child or children, a copy of the Serious Occurrence Report must be kept in the child's (children's) file(s) in accordance with Regulation 11(4)(f).

13(1)

An operator shall, in accordance with any guidelines established by the Director, complete a written report on the following occurrences:

- (a) any accident causing injury:
  - (i) at the child day care facility during the hours of operation of the facility;
  - (ii) at any other location used in the delivery of the daily program while the location is being used for that purpose;
- (b) any serious incident:
  - (i) at the child day care facility;
  - (ii) at any other location used in the delivery of the daily program;
- (c) any injury to a child, or any onset of serious illness in a child, during the hours of his or her attendance at the child day care facility or any other location as part of the daily program;
- (d) the presence at the child day care facility of any person who has a communicable disease.

13(2)

An operator shall provide a copy of the report to the Director no later than the next business day after the identification of an occurrence referred to in subsection (1).

11(4)

An operator shall maintain a file for each child...that includes the following:

- (f) any reports referred to in section 13*

*if the report involves a specific child or children

Fax the Serious Occurrence Report to the Regional Early Childhood Consultant in your region. The Regional Consultant will inform the Director of the report.

If the serious occurrence is a case of suspected child abuse do not complete a serious occurrence report. Child abuse must be reported to a Child Protection Worker or RCMP as required by Regulation 10(2) and the *Child and Family Services Act*.

SECTION 7

REGULATIONS 15 TO 22

FACILITY REQUIREMENTS

Section 7

Regulations 15 to 22
FACILITY REQUIREMENTS

This section explains the specific requirements that must be met when a building or part of a building is used as a child care facility.

Regulations 15 to 21 deal with the requirements of the *inside* of the facility. With a focus on health and safety they discuss:

- the quality of space used by children
- the amount of space required
- how much sleeping space is required
- storage space – for children's personal belongings, and for toys, materials, etc.
- requirements if animals are present in the facility
- appropriate furnishings and equipment
- sleeping equipment

Regulation 22 deals with the requirements for a safe play area and equipment *outside* the building.

REGULATION 15

Quality of Rooms Used By Children

A room that is used as part of a child day care facility must be dry, ventilated, lighted, sanitary, heated, in good repair and suitable for the care of children.

Why

◆ To ensure a healthy and safe physical environment inside a child care facility.

What it means

☞ All facilities must meet or exceed the appropriate health, fire and safety requirements.

☞ Annual inspections by the Regional Consultant, Fire Inspector and EHO will include checking the quality of rooms used by children. See the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

Related regulations

⇔ 40: Toilet and washing areas must be satisfactory to the EHO.

⇔ 21(1) through 21(9): The furnishings and equipment located in the various rooms and spaces of the facility must meet certain standards.

How to...

✓ Choose an appropriate facility for a child care program. Some things to look for:
- natural light whenever possible,
- when artificial light is used, a level appropriate for the type of activity,
- the ability to keep room temperature at approximately 20°C (68°F),
- low window sills whenever possible so children can see outside,
- windows which open to allow fresh air to enter the facility.

✓ Set up and follow a schedule for maintaining the facility and the equipment. For example:
- routine maintenance – such as getting the furnace or boiler serviced,
- repairing damages without delay – such as a broken window.

✓ Follow the cleaning and sanitizing schedule established by the Director and have it available so parents can see it (Regulation 21(2)(c)).

✓ Keep records of all facility purchases, maintenance, service work, inspections or replacements (e.g.: furnace, water tank, hot water tank, air exchanger, fuel tank, plumbing, painting, etc.)

✓ If there is an animal in the facility (Regulation 20) make sure the animal's cage or area is well ventilated, kept clean and free from offensive odors.

Resources

📖 ECERS-R
Space and Furnishings: 1 Indoor Space

📖 Section Resources
Cleaning and Sanitizing Schedule R7-1

REGULATION 16(1)

Minimum Indoor Space in a Centre

A centre day care facility must have a minimum of 2.75 square metres of free and usable indoor floor area per child, based on the maximum number of children regularly attending the facility for child day care purposes.

Why

◆ To ensure that children attending child care centres have enough room to engage in developmentally appropriate activities.

What it means

- This regulation applies only to centres. (Family day home operators see Regulation 16(2).)
- Child care centres must have at least 2.75 square metres of *usable* indoor space for each child attending the facility.
- When the Director issues a licence, the licence states how many licenced spaces there are. Basically, 2.75 square metres of usable space = 1 licenced space = 1 child.
- The operator must not have more children in the facility at any given time than the number of licenced spaces.
- If children attend part time, then two or more children could share the same licenced space – they just can't be there at the same time.

Related regulations

⇔ 2(4)(b): A copy of the floor plan must be attached to the Application for a Licence.

How to...

✓ Measure the room, or rooms to determine how much usable space there is. Room measurements *do not* include fixed equipment, storage space or other space not used by the children including offices, staff rooms, stairways, fixed storage, hallways, washrooms, kitchen facilities, laundry facilities, and/or isolation rooms.

✓ Try to have more space per child than the minimum.

✓ Arrange furniture and equipment to create visible pathways so that children can move independently and safely from one area of the facility to the next.

✓ Arrange the indoor space so that:

- children can make individual choices about their play activities,
- there are areas for individual, small group, and large group play,
- staff can see all areas used by children.

REGULATION 16(2)

Indoor Play Space in a Family Day Home

> An operator of a family home day care facility shall provide indoor play space suitable for the number, ages, and development of the children attending the facility.

Why

◆ To ensure that children attending family day homes have a comfortable space where they can participate in activities that are appropriate for their developmental levels.

What it means

☞ This regulation applies only to operators of family day homes. (Centre operators see Regulation 16(1).)

☞ The family day home must be large enough and arranged so that children can:
- move independently and safely within the family day home,
- engage in activities that are appropriate for their age and development level.

Related regulations

⇔ 2(4)(b): A copy of the floor plan must be attached to the Application for a Licence.

How to...

✓ Arrange furniture and equipment to create visible pathways so children can move independently and safely from one part of the home to another.

✓ Arrange the indoor space:
- so that children can make individual choices regarding their play activities,
- to accommodate individual, small group, and whole group activities,
- so that you can see all of the children.

✓ Make sure children cannot access potentially hazardous areas of the home, such as the mechanical room, or home workshop containing tools and/or chemical products.

REGULATION 17(1)

Rooms or Spaces that Must Not Be Used

The following must not be used for a child day care facility:
(a) a room or space that is accessible only by a ladder or folding stairs, or through a trap door; or
(b) a room or space that is more than one storey below ground level.

Why

◆ To ensure that children, staff and volunteers can easily exit all areas of the child care facility in case of an emergency.

What it means

☞ If a facility has any room or space like those described in the shaded box, those areas cannot be used as part of the child care facility. The Director will not issue a licence for these spaces.

How to...

✓ If the facility has any room or space like those described in the shaded box, make sure there is no way for children to access the area. For example, lock it.

REGULATION 17(2)

Doors and Locks

A door that can be locked without the use of a key must not be used in an area of a child day care facility accessible to children, unless the door can be unlocked from either side.

Why

◆ To ensure that staff can easily access all children at any time and particularly in the event of an emergency.

◆ To ensure that children cannot accidentally lock themselves in a room.

What it means

☞ If a door can be locked without a key, you must be able to unlock the door from both sides.

☞ Annual inspections by the Regional Consultant, Fire Inspector and EHO will include checking doors and locks. See the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

How to...

✓ Make sure all doors that can be locked without a key can be opened and unlocked from both sides if they are in an area that children can access, including areas where children are not supposed to be.

✓ Limit the number of lockable doors.

✓ If bathroom doors have a locking mechanism, make sure that the unlocking device (pick, pin, long piece of wire) is located on a hook outside door, and out of reach of children.

REGULATION 18(1)

Designated Sleeping Area

A sleeping area in a child day care facility must not, while a child is sleeping in the area, be used for meals or play activities.

Why

- To ensure that children have a quiet place to sleep or rest.

What it means

- Children sleeping and resting must be separate from other activities happening in the child care facility.
- When children are sleeping, the area must not be used for any other activities. (The area can be used for other activities when children are not sleeping there.)

Related regulations

- 18(2): Infants must have their own sleeping area.
- 21(4) through 21(9): The sleeping equipment – e.g. cot or mat – and sheets and blankets must meet prescribed spacing, health and safety requirements.
- 31(1): Infants must be able to sleep or rest at any time during the day.
- 31(2): Children between 18 months and age 5 must have a time after lunch when they can sleep, rest or do a quiet activity.

How to...

- ✓ When children are sleeping or resting make sure there are no other activities happening in the area where they are sleeping or resting.
- ✓ If sleeping and play activity takes place in the same room set up a partition to separate the two areas to ensure quiet for sleeping children and quiet activites for the others. The partition does not need to be a floor to ceiling wall – for example, a flame retardant curtain or shelving unit (that cannot be knocked over) is acceptable.

REGULATION 18(2)

Separate Sleeping Area for Infants

Where a sleeping area is provided within a child day care facility, the sleeping area for children under 18 months of age must be sufficiently separate from older children to ensure quiet sleeping accommodation.

Why

◆ To provide a sleeping area throughout the day that supports infants' individual sleeping routines.

What it means

☞ The facility must have a separate sleeping area for infants.

☞ Older children must have a separate sleeping/resting area.

Related regulations

⇔ 21(4) through 21(9): The sleeping equipment – e.g. cot or mat – and sheets and blankets must meet prescribed spacing, health and safety requirements.

⇔ 31(1): Infants must be able to sleep or rest at any time during the day.

REGULATION 19(1)

Individual Storage for Children's Belongings

Each child must be provided with a locker, cubbyhole, or hook that is:
(a) easily accessible to the child;
(b) in a lighted area; and
(c) arranged so that each child's personal belongings can be kept separate from those of other children.

Why

◆ To provide each child with a place for personal belongings.

◆ To ensure that each child's belongings are kept separate from the belongings of other children so that:
- belongings don't get lost or mixed up,
- children learn how to take care of their own belongings,
- the risk of spreading germs is minimized.

What it means

☞ Each child must have a storage space that adequately holds all of their personal belongings.

☞ The storage space can either a locker, or a cubbyhole or a hook.

☞ The storage space has to be set up so that each child's belongings can be kept separate from the belongings of other children.

☞ The storage space must have enough light so that children can easily see their belongings.

☞ The storage space must be in a location, and organized so it is easy for children to access their belongings.

How to...

✓ Set up the individual storage area:
- near the door where children enter and exit the facility,
- with adequate adult supervision. Avoid areas where adults cannot see and supervise children.

✓ Make sure the height and organization of the individual storage area allows children to easily see and access their personal belongings.

✓ Label each individual storage area with a child's name.

✓ Store personal belongings in accordance with the requirements of the Environmental Health Officer. See the box, **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

✓ Ask parents to make sure that all personal belongings have the child's name on them.

✓ Do not exchange, or allow children to exchange, personal belongings.

REGULATION 19(2)

Storage for Play Materials, Equipment and Supplies

Cupboards and other storage spaces that are easily accessible to children must be provided for indoor and outdoor play materials, equipment, clothing and supplies.

Why

◆ To ensure that play materials, equipment, clothing and supplies are stored so that:

- children can make their own choices about activities and equipment, whenever possible,
- children and staff know where to find things,
- children can learn how to take out and put away things,
- toys and other equipment do not become safety hazards when not in use.

What it means

☞ The facility must have enough cupboards, shelves, bins, hooks and other types of storage so that all play materials, equipment, clothing and supplies, can be:

- kept tidy and orderly,
- easily accessed by children,
- put away when not in use.

☞ This applies to both indoor and outdoor materials, equipment, clothing and supplies.

How to...

✓ Store all play materials, equipment, clothing and supplies so that:

- they are close to where children actually use them,
- children have choice, whenever possible and approriate,
- children can easily find and access what they need for a given activity – e.g. open shelves, materials not heaped on top of each other.

✓ Label all storage areas so that staff and children know where to find things.

✓ Teach children how to take out and put away what they need for a given activity.

✓ Have enough storage space so that materials and equipment in learning and activity centres can be changed regularly to allow for variety, and promote individual choice.

REGULATION 20

Animals

No animal shall be in a child day care facility:
(a) except;
    (i) with the approval of a public health officer; and
    (ii) in an area specifically set aside for the animal; and
(b) unless, and to the extent applicable, the animal is vaccinated annually against rabies and has all other vaccinations required by a veterinarian.

Why

◆ To ensure that children are protected from potential harm from animals.

What it means

☞ The operator must have approval from the Environmental Health Officer to have an animal at the child care facility.

☞ The facility must have an enclosure or other area specifically for the animal.

☞ The operator must have written records of any required shots, on file at the facility.

☞ Annual inspections by the EHO will include checking the animal's enclosure and record of shots, as appropriate. See the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

How to...

✓ Get approval from the EHO for both the animal and the animal's cage, enclosure or area.

✓ Make sure the animal's shots are up-to-date, if applicable.

✓ Inform prospective parents and staff that there is an animal in the facility, as well as what it's needs are for food, handling and general care.

✓ Make sure the animal's cage or area is well ventilated, clean and free from odors.

✓ Include care of the animal in the daily program.

✓ Teach children to wash their hands immediately after handling any animal.

Resources

📖 *Well Beings: A Guide to Health in Child Care (3rd edition)*
Chapter 8: Preventing Infections (page 160)
Order from www.caringforkids.cps.ca
> Bookstore

📖 Section Resources
Healthy Pets, Healthy People: How to Avoid the Diseases that Pets Can Spread to People R7-3
Teaching Children to Respect Dogs R7-9

REGULATION 21(1) AND 21(2)

Appropriate, Safe, Clean Furnishings and Equipment

21(1)

An operator shall provide furnishings and equipment, including play equipment, for children attending the child day care facility that are:

(a) consistent with the developmental capabilities of the children; and

(b) available in sufficient quantity and variety to occupy all the children.

21(2)

Furnishings and equipment provided for children attending a child day care facility must be:

(a) in good repair and free from sharp, loose or pointed parts;

(b) assembled, installed and used in accordance with the manufacturer's instructions; and

(c) cleaned and sanitized on a regular basis and in accordance with any guidelines established by the Director.

Why

- To ensure that furnishings and equipment are safe, clean and suitable for the number, ages and development of the children who use them.
- To support a quality early childhood program.

What it means

- Furnishings means things like furniture, carpets and curtains.
- Equipment means things like toys, games and books.
- The operator must provide furnishings and equipment that match children's development.
- There must be enough furnishings and equipment for all the children to participate in the daily program.
- Furnishings and equipment must be child-size, properly put together, and well maintained.
- Furnishings and equipment must be cleaned and sanitized regularly following a schedule established by the Director.
- Cleaning means removing visible dirt by wiping or scrubbing with soap and water, and then rinsing.
- Sanitizing means destroying most germs by using a mild bleach solution and leaving it on the surface for two minutes. (A mild bleach solution is one part bleach added to 100 parts water – e.g. ¼ cup bleach added to 25 cups of water.)

Related regulations

⇔ 27: If a child with special needs attends the child care facility the operator has to provide, or ask parents to provide, any specialized equipment that the child needs so the child can participate in the daily program.

How to...

- ✓ Choose furnishings and equipment that support a quality daily program, as required by Regulation 24.
- ✓ Purchase child-size equipment and furniture. Don't "make-do" with equipment or furniture which is too big.
- ✓ When purchasing new furnishings and equipment follow the directions that come with the product – where to set it up, how to set it up, how to use it, etc.
- ✓ Use equipment for its intended purpose only.
- ✓ Do not let older children play on equipment that is intended for younger ones. Their extra weight could damage the equipment and injure the child.
- ✓ Check equipment regularly for loose or broken parts. Repair or replace as necessary.
- ✓ Regularly inspect all materials, toys and equipment – e.g. seasonally, or when toy washing. Repair or discard anything that is damaged.
- ✓ Follow the cleaning and sanitizing schedule set by the Director for regular cleaning and sanitizing of all furnishings and equipment, and have it available for review by parents, inspectors and others. (See Resources.)
- ✓ Make sure plastic toys which can be chewed or sucked do not contain polyvinyl chloride (PVC). Throw out any toys which do contain PVC. (See Resources.)
- ✓ Arrange furnishings and equipment so that they support a quality daily program, as required by Regulation 24.

Resources

ECERS-R
Space and Furnishings: 2 Furniture for care, play and learning
3 Furnishings for relaxation and comfort
4 Room arrangement for play
6 Child-related displays
8 Gross motor equipment

Health Canada
http://www.hc-sc.gc.ca
Reports on product safety for a large number of consumer products, including toy and equipment safety.
> Consumer Product Safety
> Reports and Publications
> Consumer Education
  > Children's Health and Safety
    > Infant Swings, and Toy Safety Tips
  > Seasonal and Travel
    > Bringing Consumer Products into Canada

Children's Play Spaces and Equipment Standard, 4th edition
Order from www.cccf-fcsge.ca
> e-Store

Well Beings: A Guide to Health in Child Care (3rd edition)
Chapter 5: Keeping Children Safe
Chapter 8: Preventing Infections
Order from www.caringforkids.cps.ca
> Bookstore

Section Resources
Cleaning and Sanitizing Schedule R7-1
Weekly Safety Checklist.............................R7-10
Monthly Safety Checklist............................R7-14
Seasonal Safety Checklist R7-16
Annual Safety Checklist R7-17
Playing it Safe: Buying Products for the Child Care Centre R7-18
Polyvinyl Chloride Toys R7-20
Toy Safety..R7-21

REGULATION 21(3)

Tables, Chairs, High Chairs and Infant Seats

The operator shall provide:
(a) sufficient tables and chairs of a suitable size; and
(b) a high chair or an infant seat with safety harness for each child attending a child care facility who is not able to sit independently on a chair.

Why

- To ensure there are enough child-size tables and chairs for all children.
- To support a quality early childhood program.
- To ensure that children who cannot sit on their own have a safe chair.

What it means

- The number of tables and chairs must be appropriate for the number of licenced spaces, as well as the ages and developmental needs of the children.
- The facility must have a high chair or infant seat with safety harness for each child who cannot sit on a chair by themselves.

How to...

- ✓ Use tables and chairs that are appropriately sized, sturdy and easy to clean and sanitize.
- ✓ Use high chairs and infant seats that meet the latest federal consumer product safety guidelines.
- ✓ As with all equipment, inspect tables, chairs, high chairs and infant seats regularly; repair, or discard and replace, any that are damaged.
- ✓ If high chairs and infants seats are shared between children, wash and sanitize after each use – before another child uses them.

Resources

ECERS-R
Space and Furnishings: 2 Furniture for care, play and learning

High Chairs

All high chairs should meet the following safety standards:
1. High chair has waist and crotch restraining straps that are independent of the tray.
2. Tray locks securely.
3. Buckle on waist strap is easy to use.
4. High chair has a wide, stable base.
5. Caps or plugs on tubing are firmly attached and cannot be pulled off and choke a child.
6. If it is a folding high chair, it has an effective locking device to keep the chair from collapsing.

Note: Always use restraining straps; otherwise, the child can slide under the tray and strangle.

Source http://www.healthlinkbc.ca
Health Link BC has handy checklists on the safety of a variety of other nursery equipment. Type nursery equipment in the search box.

Section Resources
High Chair Safety......................................R7-22

REGULATION 21(4) AND (5)

Sleeping Equipment, including Traditional Aboriginal Sleeping Equipment

21(4)

Subject to subsection (5) the operator shall provide each child who rests or sleeps at a child day care facility with a cot, bed, crib or sleeping mat, which must be placed in a clean area with adequate space between it and other cots, beds, cribs or sleeping mats.

21(5)

Subsection (4) does not apply in respect of a child whose parent:

(a) has provided the operator with written permission allowing the child to rest or sleep in a manner consistent with traditional Aboriginal practice that does not require a cot, bed, crib or sleeping mat;

(b) has provided the operator with any furnishings or equipment required for the child to rest or sleep in that manner; and

(c) has agreed to be responsible for the cleanliness and sanitation of the furnishings or equipment referred to in paragraph (b).

Why

◆ To ensure that all children who rest or sleep at a child care facility have appropriate individual sleeping equipment and space in which to rest or sleep.

What it means

☞ The operator must provide a cot, bed, crib or sleeping mat for each child who rests or sleeps at the facility, **OR**

☞ The operator can use traditional Aboriginal sleeping arrangements, such as a swing, moss bag or amauti, if the parent:

- gives written permission,
- provides the necessary equipment, and
- agrees to keep the equipment clean/sanitized, as needed.

How to...

- ✓ Leave 18 inches between cots, beds, cribs or sleeping mats so that children cannot touch each other.
- ✓ Use cribs that meet the latest federal consumer product safety guidelines. This includes using only cribs that have a label showing they were made *after* September 1986.
- ✓ Sleeping mats should be a minimum of 5 cm thick and be made of high density foam.
- ✓ Do not use bunk beds in a child care facility.
- ✓ For children using traditional Aboriginal sleeping methods:
  - get written permission from the parent,
  - ask the parent to provide the necessary equipment – swing, moss bag, amauti, etc.,
  - find out how to safely and properly use the equipment if you don't already know how, and
  - set and follow a schedule with the parent for necessary cleaning and/or sanitizing.
- ✓ Ask the Regional Consultant, Environmental Health Officer and Fire Inspector about further requirements of cots, beds, cribs and sleeping mats.

Resources

Section Resources
Crib Safety Tips for Parents and Caregivers R7-23

REGULATION 21(6)

Fire Inspection of Sleeping Equipment

A cot, bed, crib or sleeping mat referred to in subsection (4)
(a) must meet the requirements of the Fire Marshal; and
(b) must be covered with moisture resistant washable material.

Why

◆ To reduce fire and safety hazards during sleeping and rest times.

What it means

☞ During the annual fire inspection, the Fire Inspector will inspect cots, beds, cribs and sleeping mats. See the box, **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

☞ The Fire Inspector could inspect a facility at any time – not just annually as part of licence renewal.

☞ Cots, beds, cribs or sleeping mats must be covered with material that is moisture resistant and washable.

How to...

✓ Keep the annual fire inspection report on file at the facility.

✓ Replace cots, beds, cribs or sleeping mats if required by the Fire Inspector, and as needed.

REGULATION 21(7)

Cleanliness of Sleeping Equipment

A cot, bed, crib or sleeping mat referred to in subsection (4):

(a) if used by only one child, must be clearly labeled with the name of the child and must be washed and sanitized once a week, or more frequently if required; or

(b) if used by more than one child, must be washed and sanitized between uses.

Why

- To ensure that cots, beds, cribs and sleeping mats are clean.
- To reduce the risk of spreading germs.

What it means

- If a cot, bed, crib or sleeping mat is used by only one child, the operator must label it with the child's name, and wash and sanitize it once a week, or more often if necessary.
- If a cot, bed, crib or sleeping mat is used by more than one child it must be washed and sanitized after a child uses it – before any other child uses it.
- During the annual inspection the Regional Consultant and Environmental Health Officer will check procedures for keeping sleeping equipment clean and sanitized. See the box, **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

How to...

- ✓ If you have room, provide cots, beds, cribs or sleeping mats that are used by only one child. This requires much less washing and sanitizing, and reduces the risk, even with washing and sanitizing, of spreading germs.
- ✓ If cots, beds, cribs or sleeping mats are used by only one child, label each one with the name of the child who uses it. Make sure you can read the labels.
- ✓ Set up a weekly washing and sanitizing routine for cots, beds, cribs and sleeping mats and post this in a visible location at the facility.
- ✓ If a cot, bed, crib or sleeping mat is used by more than one child wash and sanitize it after a child uses it – before any other child uses it.

Resources

Section Resources
Cleaning and Sanitizing Schedule R7-1

REGULATION 21(8) AND (9)

Cleanliness of Sheets and Blankets

21(8)
The operator shall provide a clean, dry sheet and blanket for each child who rests or sleeps at a child day care facility.

21(9)
A sheet or blanket referred to in subsection (8):
(a) if used by only one child, must be clearly labeled with the name of the child who uses it and must be washed once a week, or more frequently if required; or
(b) if used by more than one child, must be washed between uses.

Why

- To provide clean bedding to children when they are resting or sleeping.
- To prevent the spread of germs.

What it means

- The operator must have enough sheets and blankets so that each child who rests or sleeps has a sheet and blanket.
- If sheets and blanket are used by only one child they must be labeled with the name of the child, and washed once a week, or more often if required.
- If sheets are blankets are used by more than one child, they must be washed after a child uses them – before any other child uses them.
- During annual inspections the Regional Consultant and the Environmental Health Officer will check procedures for keeping sleeping equipment clean. See the box, **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

How to...

- ✓ If possible, have enough sheets and blankets so that each child who rests or sleeps has his or her own sheet and blanket. This requires much less washing, and reduces the risk, even with washing, of spreading germs.
- ✓ Label each sheet and blanket with the name of the child who uses it and make sure you can still read the labels after repeated washing.
- ✓ Set up a weekly washing routine for sheets and blankets and post this in a visible location at the facility. Use a scent-free, hypoallergenic detergent.
- ✓ Wash sheets and blankets more often if they are soiled.
- ✓ If a sheet or blanket is soiled change it immediately.
- ✓ Have extra sheets and blankets on hand.
- ✓ Buy sheets and blankets that are soft and do not irritate children's skin.
- ✓ If a sheet or blanket is used by more than one child wash it after a child uses it – before any other child uses it.
- ✓ If a child brings a personal belonging to use during nap time, e.g. stuffed animal, it should be stored in a clean bag in the child's individual cubby or locker to prevent the spread of germs.

Resources

Section Resources
Cleaning and Sanitizing Schedule R7-1

REGULATION 22(1)

Outdoor Play Space and Equipment

An operator shall provide safe outdoor play space and equipment.

Why

- ◆ To minimize the risk of injuries and accidents to children during outdoor play times.
- ◆ To support a quality early childhood program.

What it means

- ☞ The operator must provide an outdoor play space that meets the space and safety requirements of Regulations 22(2) and/or 22(3) and/or 22(4).
- ☞ The outdoor play space must be safe – shock absorbent surfaces, free of hazards.
- ☞ The equipment in the outdoor place space must be safe – sized to match children's development, properly installed, maintained and used for the purpose intended by the manufacturer.
- ☞ During annual inspections the Regional Consultant and the Environmental Health Officer will check the outdoor place space and equipment. See the box, **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

How to...

- ✓ If building a new play space it should meet the criteria of the Canadian Standards Association (CSA).
- ✓ Aim to upgrade existing outdoor play space to meet CSA criteria over time. (See Resources, Safe Kids Canada.)
- ✓ Follow the list called "Check your playground" in Resources, next page.
- ✓ Set up and follow a routine for regular inspection and maintenance of the outdoor space and equipment.
- ✓ Remove hazards immediately – e.g. broken glass.
- ✓ Remove and/or repair and/or replace damaged equipment immediately.
- ✓ Keep a record of the maintenance schedule.
- ✓ Keep a record of injuries and accidents that occur during outdoor play to determine if there is any piece of equipment, or area of the outdoor play space where accidents and injuries are more common. Remove the equipment, or try to modify the accident-prone area.
- ✓ Choose outdoor play equipment that meets the developmental needs of children, including children with disabilities.
- ✓ In addition to regular inspections and routine maintenance, perform a quick check of the outdoor play space and equipment, before children use them, each time.

Resources

www.caringforkids.cps.ca
The Canadian Paediatric Society has a short but excellent tip sheet on Playground Safety, Home > Keeping kids safe > Playground Safety, which includes the following:

Check your playground

- Choose playgrounds that are designed for your child's age and stage of development. Children 5 years old and younger should only use playgrounds that are designed for preschool children because the equipment is smaller. Your child should be able to reach equipment on his own.
- Look for proper surfaces. Grass, dirt, asphalt or concrete are not safe surfaces for playground equipment.
- Good materials for playground surfaces include sand, wood chips and synthetic (man-made) materials, such as shredded rubber, that are soft. These materials will help absorb a child's fall.
- The fill should be deep and loose. For preschool equipment, the fill should be at least 15 cm (6 inches) deep. With full-sized equipment, the fill should be at least 30 cm (12 inches) deep.
- Ensure the equipment has strong handrails and barriers to help prevent falls.
- Make sure the playground surface is clean: no garbage, glass or animal feces.
- Equipment should be firmly anchored in the ground.
- Swings should be made of something soft, not wood or metal.
- If you are concerned about the safety of your local playground, contact the people who operate it. Check the blue pages of your phone book for local contact information.
- Parents can get playground safety checklists to evaluate basic playground hazards. Contact your local or provincial injury prevention centre, your nearest children's hospital, or Safe Kids Canada (1-888-SAFE-TIPS, 1-888-723-3847).

ECERS-R
Personal Care Routines: 14 Safety practices
Space and Furnishings: 7 Space for gross motor play
8 Gross motor equipment

Safe Kids Canada
www.safekidscanada.ca
> Professionals
> Safety Information
> Playground
> Choose from a number of articles related to Playground Injury, Playground Safety and Playground Design

Section Resources
Outdoor Play Environments........................R7-25
Playground Safety....................................R7-26

REGULATION 22(2)

Outdoor Play Space Not Next to the Building

If the outdoor place space is not adjacent to the child day care facility, the operator shall:
(a) provide safe access to the space;
(b) ensure that the space is within walking distance of the facility;
(c) ensure that the space is suitable for the number, ages and development of the children attending the facility; and
(d) ensure that, if the surrounding environment is potentially hazardous to children, the space is enclosed by a fence.

Why

◆ To ensure the safety of children travelling to and using outdoor play spaces away from the child care facility.

What it means

☞ If the outdoor play space is not beside the building, it must be within walking distance.

☞ The operator must establish a procedure for safely taking children to the outdoor place space.

☞ The play space and equipment must be suitable for the children. (For example the equipment in an elementary school playground is often too big for preschool children to use properly and safely.)

☞ If the area around the play space is potentially dangerous – such as a busy street or steep drop – the play space must be fenced.

How to...

✓ Ensure that the play space and equipment are suitable for preschool children. Check with your Regional Consultant if you're not sure.

✓ Develop a procedure for safely taking children to an outdoor play space not beside the child care facility. This includes:

- having written parental permission in each child's file to take children to an outdoor play area,
- stating how children will actually get to the play area – e.g. stroller, hold the rope, etc.,
- posting a schedule of outdoor play times on the information board,
- posting a map of outdoor play areas near the facility on the information board,
- ensuring that staff carry with them to the play area:
  - parent and emergency contact numbers,
  - the daily attendance record,
  - a first aid kit,
  - a cell phone, if applicable.

✓ Include the procedure in the parent information handbook.

✓ If the play area does not have washroom and washing facilities make sure children use the bathroom before going to the play area.

✓ Make sure children have proper clothing for the weather – e.g. sun hats, rain coats, winter clothing – and have clean extras on hand for children who need them.

✓ Take water on hot days.

✓ Use sun screen on sunny days.

✓ Use children's insect repellent as necessary.

Resources

All resources from Regulation 22(1)

REGULATION 22(3)(A)

Outdoor Play Space Next to a Centre

If the outdoor play space is adjacent to the child day care facility:

(a) the operator of a centre day care facility shall ensure that:

(i) a minimum of 5 square metres of play space is provided for each child; and

(ii) if the surrounding environment is potentially hazardous to children, the space is enclosed by a fence that is at least 1.5 m high.

Why

- To ensure that children attending child care centres have enough room for developmentally appropriate outdoor play.
- To ensure that children cannot access any hazards surrounding the play area.

What it means

- This regulation applies only to operators of centres. (Family day home operators see Regulation 22(3)(b).)
- The amount of outdoor play space must be at least 5 square metres for each child in the play area.
- The operator cannot have more children in the outdoor play space than this regulation allows. This may mean that there is more than one outdoor play period if the space cannot accommodate all children at once.
- If there are any potential hazards to children in the area surrounding the outdoor play space, the play space must have a fence that is at least 1.5 metres high.

Related regulations

⇔ 22(4): If a local bylaw prohibits a fence that is 1.5 metres high there are other measures that the operator must take.

How to...

✓ Measure the space to see how many children can play at the same time and make sure that the number of children in the play space does not exceed that limit.

✓ There are no federally approved standards for playground fences. The following have been taken from swimming pool fence standards and would ensure that a playground fence is safe. The fence:

- completely encloses the play area – all four sides,
- is constructed so it is difficult for children to climb,
- has a gap under the fence no more than 5 cm (2 inches) all the way around,
- if constructed with vertical rails, has rails that are less than or equal to 10 cm (4 inches) apart,
- if constructed with chain link fencing, has chain link openings less than or equal to 3.8 cm (1.5 inches),
- has self-closing, self-latching gates that open out (away from the playground) and are difficult for children to climb.

✓ If there are any questions or concerns about possible hazards, and the need for a fence, talk to your Regional Consultant. Don't wait for the annual inspection.

REGULATION 22(3)(B)

Outdoor Play Space Next to a Family Day Home

> If the outdoor play space is adjacent to the child day care facility:
> (a) the operator of a family home day care facility shall ensure that;
> (i) the space is suitable for the number, ages and development of the children attending the facility; and
> (ii) if the surrounding environment is potentially hazardous to children, the space is enclosed by a fence that is at least 1.5 metres high.

Why

- To ensure that children attending family day homes have enough room for developmentally appropriate outdoor play.
- To ensure that children cannot access any hazards surrounding the play area.

What it means

- This regulation applies only to operators of family day homes. (Centre operators see Regulation 22(3)(a).)
- The operator has to make sure that the outdoor play space is large enough for the children in his or her care.
- If there are any potential hazards to children in the area surrounding the outdoor play space, the play space must have a fence that is at least 1.5 metres high.

Related regulations

22(4): If a local bylaw prohibits a fence that is 1.5 metres high there are other measures that the operator must take.

How to...

- ✓ Work with your Regional Consultant to ensure that the outdoor play space and equipment are safe and appropriate for the children in your care.
- ✓ If there are hazards in the area and you need a fence make sure the fence:
  - completely encloses the play area – all four sides,
  - is constructed so it is difficult for children to climb,
  - has a gap under the fence no more than 5 cm (2 inches) all the way around,
  - if constructed with vertical rails, has rails that are less than or equal to 10 cm (4 inches) apart,
  - if constructed with chain link fencing, has chain link openings less than or equal to 3.8 cm (1.5 inches),
  - has self-closing, self-latching gates that open out (away from the play area) and are difficult for children to climb.
- ✓ If there are any questions or concerns about possible hazards, and the need for a fence, talk to your Regional Consultant. Don't wait for the annual inspection.

REGULATION 22(4)

Municipal Bylaw for Fences

Notwithstanding paragraph 22(3)(a)(ii) or 22(3)(b)(ii) if any applicable bylaw in the area in which the child day care facility is located prohibits:

(a) the erection of a fence, an operator is not required to ensure that the play space is enclosed by a fence, but the operator shall ensure that other precautions are taken to ensure the safety of the children; and

(b) the erection of a fence that is 1.5 metres high, the operator shall ensure that the space is enclosed by a fence of a height that is the maximum permissible height under the bylaw.

Why

◆ To ensure that operators do not have to enclose the outdoor play area with a 1.5 metre high fence, if this conflicts with any local bylaws.

What it means

☞ This regulation applies to operators of both centres and family day homes.

☞ If the operator cannot enclose the outdoor play space with a fence because of a municipal bylaw, the operator must establish procedures to ensure the safely of children using the outdoor place space. **OR**

☞ If the operator cannot enclose the outdoor play space with a 1.5 metre high fence because of a municipal bylaw, the operator must enclose the space with the highest fence allowed by the bylaw.

How to...

✓ Check with the city, town, hamlet or settlement office to find out if there are any bylaws that prevent fences, or limit how high they can be.

✓ Meet the requirements of the bylaw, instead of Regulation 22(3)(a)(ii), or 22(3)(b)(ii).

✓ If the outdoor play area has no fence at all, because of a bylaw, establish written procedures showing how you will keep children safe.
Share these with parents and post them on the information board.

✓ Ask the Regional Consultant for help if needed.

Cleaning and sanitizing schedule

How often	Cleaned *and* sanitized	Other cleaning methods and notes
Before *and* after each use		
Kitchen		
Food preparation surfaces	X	
After each use		
Bathroom		
Potty chairs	X	
Change tables—without paper liner	X	
Utility sinks	X	
Kitchen		
High chair trays	X	
Tabletops	X	
Plastic bibs	X	
Blenders and food processors	X	
Toys		
Babies' plastic mouthed toys	X	Or run them through a full wash/rinse/dry dishwasher cycle (not at the same time as dishes or cutlery).
Other items		
Soothers	X	Reserve for use by one child.
Daily *and* when soiled		
Bathroom		
Change tables—with paper liner	X	Discard paper after each change. Clean and sanitize if surface becomes soiled.
Handwashing sinks	X	
Toilets	X	
Floors		Mop using household cleaner.
Diaper pails	X	
Countertops and fixtures	X	
Kitchen		
Floors		Mop using household cleaner.
Stovetops and tabletops	X	
High chair trays	X	
Can openers	X	
Countertops and sinks	X	
All areas		
Doorknobs, door handles, light switches	X	
Throw rugs and carpets		Vacuum daily, clean as needed and shampoo every 3 months. Avoid using carpet in infant/baby areas.
Floors		Sweep or vacuum.
Toys		
Activity centres, play mats	X	
Shared plastic toddler toys	X	Or run them through a full wash/rinse/dry dishwasher cycle (not at the same time as dishes or cutlery).
Water tables	X	
Shared puzzles, board books	X	Only clean before sanitizing if visibly soiled.
Cleaning items		
Dusting/cleaning cloths		Launder.

1 of 2

How often	**Cleaned *and* sanitized**	**Other cleaning methods and notes**
Weekly *and* when soiled		
Kitchen		
Microwaves	X	
Sleeping areas		
Bedding		Launder. Where possible, reserve for use by one child.
Cribs/cots/mats	X	Where possible, reserve for use by one child.
All areas		
Floor mats	X	
Garbage containers (inside)	X	Clean whenever garbage has leaked.
Tabletops not used for food preparation and eating		Clean.
Sofas, chairs		Vacuum.
Pillows and cushion covers used in activity areas		Launder.
Toys		
Soft washable toys		Launder. Where possible, reserve for use by one child.
Dress-up clothes		Launder.
Sandbox toys	X	
Sand table toys	X	
Cleaning items		
Sponge mops	X	Hang head-side up to air dry.
Monthly *and* when soiled		
Kitchen		
Refrigerators		Clean. Clean out the freezer every 6 months.
Ovens		Clean.
All areas		
Woodwork and cubbies		Damp-wipe.
Garbage containers (outside)	X	Clean whenever garbage has leaked.
Drapes and curtains		Vacuum. Launder or dry clean yearly.
Air vents		Vacuum.
Door ledges and shelving		Damp-wipe.
Windows		Wash inside and out at least twice a year.
Toys		
Sand tables	X	
Preschoolers' toys	X	

Source: Department of Health and Human Services (Newfoundland and Labrador). 2005. *Standards and Guidelines for Health in Child Care Settings*. Adapted with permission.

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www.caringforkids.cps.ca

Healthy pets, healthy people: How to avoid the diseases that pets can spread to people

Pets are good for people. They provide joy, can help improve our health, and help teach children values and social skills. But some pets can carry diseases or may be dangerous for young children.

A zoonose is a disease that you can get from animals, especially when you have close contact with them.

Like people, all animals carry germs. In Canada, your chances of getting a disease from an animal are small. It's still a good idea to know what to look for in your pet and how to avoid getting sick from an animal.

How can we prevent diseases from spreading from pets to people?

Several factors affect whether a disease will spread from an animal to a human.

Pet health care: The best way to avoid catching a disease from your pet is to make sure your pet is healthy.

- Get your pet from a source you trust (talk to a veterinarian [vet] for suggestions).
- Make sure your pet sees the vet regularly and has all necessary vaccinations.
- Keep a close watch on your pet's contact with other animals that might carry disease.

Handwashing: Make sure you and all family members wash their hands after handling pets. Clean up carefully after your pets. Wash your hands after cleaning litter boxes, cages, or disposing of pet waste.

When my dog sneezes will I catch a cold?

People don't catch colds or the flu from most pets. Here are some diseases that DO NOTnormally spread from pets to people:

- cat leukemia;
- cat immunodeficiency (sometimes called feline AIDS);
- distemper;
- hantavirus;
- heartworms;
- parvovirus;
- pinworms;
- systemic fungal infections;
- Lyme disease;
- influenza, colds, sore throats.

What about bites and scratches?

- Most diseases spread from pets to people through biting, scratching or direct contact. The first step to prevent injuries is to train your dog or cat not to bite. Never leave a young child alone with an animal.
- When a pet scratches you, clean it right away with soap and water. You probably won't need more treatment if your immune system is working normally.
- Cat bites are usually thin and deep and may not look very serious. But germs from the cat's mouth can get into your skin and cause infection. See your doctor, because you may need antibiotics. If after seeing your doctor, you show signs of infection such as redness, swelling, warmth, oozing of pus or fever, contact your doctor again.
- Dog bites may look worse, but they're usually less serious. Dog bites don't need antibiotics as often. Contact your doctor.
- When a bite breaks the skin, call your local public health unit or doctor if ANY of the following applies:
    - the animal is not yours,
    - the bite is on the head or neck,
    - the wound is serious,
    - you or your child didn't do anything that might cause the animal to bite,

  - the animal is not acting normally, or
  - the animal seems sick.
- If an animal bites for no obvious reason, it may be a sign that it has rabies. Rabies is not common, but when an animal has it, it is always fatal. That's why health officials (public health and your doctor) will make sure that the biting incident is investigated. The animal must be examined and the person who was bitten will get preventive treatment if needed.
- You should talk to a doctor or someone from your local public health office if you or your child is bitten by a wild or farm animal or if you or your child has had any contact with a bat. They will investigate and advise whether preventive treatment for rabies is necessary.

What are the most common diseases that spread from animals to people?

Germs can also spread from animals if people come in contact with urine, feces or sores on the pet. They can also be spread through the air by coughs or sneezes, although this is less common. The chart below describes those type of infections.

You may want to pay special attention to the diseases that are carried by the kind of animal you have, or are thinking of getting.

Which pets can carry infection?	Name of infection	How does infection pass from pets to people?	What happens if I get it?	Tips for prevention
• **Cats and dogs** can also carry, and transmit Salmonella (see Reptiles)	• Campylobacter – most common bacterial cause of gastroenteritis worldwide.	• Human infections are usually caused not by pets, but by eating contaminated raw or undercooked meat, or by drinking unpasteurized milk. Organism lives in the intestinal tract of healthy farm animals, poultry, wild birds and animals. • Infections are common in young animals, especially puppies and kittens. They can get it from eating undercooked poultry or contaminated animal products, or by drinking water containing fecal matter. • Close contact between owners and dog and cat fur	• Diarrhea that can be bloody, severe stomach cramps, and sometimes a high fever. See a doctor • People with this infection can become very sick. • Campylobacter infection is a known trigger for Guillain-Barré syndrome.	• Wash hands thoroughly after contact with animals, and animal waste (feces). • Puppies or kittens with diarrhea should be seen by a vet for proper treatment. • Practice careful hand hygiene and food handling, especially around raw poultry. Cook all meats thoroughly. • Drink pasteurized milk and water only from trusted sources.
	• "Cat scratch disease" – bacteria (Bartonella) causing skin infections	• Cats, especially kittens, carry the germ under their claws and in saliva. (Cats get their infection from fleas.) • Because cat claws are thin and sharp, their scratches can inject bacteria under the skin. • Infection can also be spread by saliva in a bite that breaks the skin. • Dogs also carry, and can spread, "cat scratch disease"	• A common skin infection, mostly affecting children, young adults, sometimes with gland swelling and/or fever. • Serious complications are rare.	• Make sure your cat does not have fleas. • Teach your cat not to scratch and your children not to play roughly with pets. Never leave a young child alone with a pet. • Clean scratched skin thoroughly with soap and water. • See a doctor if scratched skin becomes red and inflamed, or if you develop swollen glands.
		• Many mammals (including humans), birds, and reptiles shed the germs		

Cryptosporidium – parasite that causes a highly contagious intestinal disease	(called oocysts) in their feces that cause human infection. These oocysts are resistant to treatment (eg., to chlorine in drinking water). • Contaminated water supplies and swimming pools can cause extensive water-borne outbreaks, and so-called "traveller's diarrhea." • Cattle, dogs and cats, guinea pigs, mice, and animals in petting zoos (eg., deer, llamas, alpacas) can pass infection to humans. • Person-to-person and foodborne transmission (eg., in child care and institutional settings) also happen.	• Frequent, non-bloody, watery diarrhea. Vomiting and fever are more common symptoms in children. • Can be severe, even fatal, for people with a severely weakened immune system.	• Wash your hands, and make sure children wash hands, after contact with animals. • Be sure your water supply is safe to drink. Boil water for at least one minute if you are in doubt. • People with diarrhea should not use recreations swimming facilities (pools or lakes).
• Giardia – a parasite that makes people sick by causing) bowel infection.	• Lives in the intestinal tract of many wild and domestic animals (eg., beavers, muskrats, seals, cattle, goats, lamas and pigs) without causing symptoms • Humans are usually infected by drinking untreated water, or by person-to-person transmission (eg., in child care settings), but the feces of infected dogs and cats can also contaminate water supply. • Even healthy dogs and cats may carry it, though diarrhea is especially common in puppies.	*Watery diarrhea and severe stomach cramps are common symptoms. • Can be severe for people with a weakened immune system, and can cause epidemics.	• Wash your hands, and make sure children wash hands, after contact with farm animals and pets. • Pets with diarrhea should be seen by a vet for proper treatment. • Make sure your water supply is safe to drink. • People with diarrhea should not use recreations swimming facilities (pools or lakes).
Rabies –a virus that attacks the brain.	• In Canada, rabies is most often in foxes, skunks, bats and raccoons. Pets can get rabies from saliva, if a wild animal bites them. • Humans get rabies from the bite of an infected animal (usually a dog). In Canada, house pets are protected by a vaccine against rabies, and almost never get the disease.	• Immunization can be given after a bite, and a doctor decides whether vaccine is needed. • Rabies is not common, but when an animal get is, it is always fatal.	• Vaccinate your pets against rabies. Don't handle wild animals. • A bite from an animal that is acting strangely, a stray pet, or a wild animal or any contact with a bat must be seen by a doctor and reported to a local public health authority.
	• Farm animals, pets and wild animals can carry fungal spores on their skin or hair. • Cats and dogs (especially	• Ringworm causes an itchy	• Wash your hands and make sure children wash hands after contact with

Ringworm (Dermaphytosis) – different kinds of fungus that can cause rash	kittens and puppies) are common carriers, and may have no symptoms of infection, especially in households with several pets or shelters. • Touching or petting an animal can pass infection to humans.	rash on the skin or scalp. • Usually affects children. • See your doctor if you suspect your child has it.	pets. • Avoid touching animals with bald spots. • Pets with a skin rash should be seen by a vet for proper treatment
• Roundworms (Toxocariasis or larvae migrans) – parasites that can infect the intestine or eyes	• Roundworms are common in dogs and cats (especially in puppies and kittens), and their eggs are present in soil wherever dogs and cats defecate. • Roundworms infect humans if eggs are ingested (eg., by a young child eating dirt or sand, or by eating raw, unwashed vegetables).	• Most people have no symptoms. • In serious cases, roundworms can travel around the body and cause damage to organs, including the eyes.	• Clean up pet waste promptly. • Stop a child from eating dirt or sand. • Wash hands after handling soil and before eating. • Cover your children's sandbox between uses. • Ask a vet to treat your dog or cat (especially a young animal) regularly for worms.
• Toxoplasmosis – is caused by a parasite	• Most humans are infected by eating raw or undercooked meat—only rarely by accidentally ingesting sand or soil contaminated by cat feces. • Most warm-blooded animals carry this parasite, but only cats shed the germs (called oocysts) in their feces that cause human infection. • Cats usually get it by eating infected rodents or undercooked household meats.	• Fever, feeling generally unwellor swollen glands. • First infection during pregnancy can cause birth defects, developmental problems, or miscarriage. • In people with a seriously weakened immune system, infection can lead to potentially life-threatening brain infections.	• Feed your cat commercial cat food —not raw meat scraps. • Clean your cat's litter box daily—new feces do not contain live parasite. • If you are pregnant, avoid activities that might expose you to cat feces (eg., changing a litter box). Wear gloves and wash hands carefully if you must do these chores. • Wash your hands, and make sure children wash hands after gardening, playing in the sandbox or cleaning out the cat's litter box. • Keep your sandbox covered between uses. • Wash fruits and vegetables thoroughly, don't eat meat that is raw or undercooked, and wash hands after handling raw meat.
			• Don't expose your

				pet bird to other birds.
Birds can also carry, and transmit, Campylobacter, Giardia, ringworm (see Cats and Dogs, above), Salmonella (see Reptiles, below)	Psittacosis (Chlamydophila or parrot fever) – bacteria that can cause pneumonia	Breathing in fecal dust or by contact with droppings, or eye, beak secretions of birds: wild (eg., pigeons), tame (eg., parakeets, love birds, macaws and parrots) and poultry (eg., turkeys).	• Respiratory symptoms, fever, headache. Serious complications are rare. • Infections in children are rare.	• Keep the bird cage clean, avoid scattering debris. • Wash hands thoroughly with soap and water after handling a bird, bird nest or cage. • Don't kiss pet birds. • Buy birds from reliable sources.
Ferrets can carry and transmit rabies, Campylobacter, ringworm, and Salmonella				
Rabbits can carry, and transmit, rabies, ringworm, and Salmonella				
Rodents can also carry, and transmit Campylobacter, Giardia, rabies, ringworm, Salmonella	Hantavirus – virus common in rodents (eg., deer mice, white-footed mice) that can attack the lungs.	* Contact with infected rodents, their droppings or nests, or breathing in virus particles from rodent urine, droppings or saliva. • (A dog or cat cannot spread hantavirus from a rodent to a person.)	• Flu-like symptoms including headache, muscle pain, fever, followed by shortness of breath and other serious symptoms. • Can be fatal. • Infections may be milder in children.	• Prevent rodent infestations in your home. Disinfect traps between uses. • Don't use a broom or vacuum to clean infested areas. Ventilate (allow fresh air in) before cleaning, soak droppings with disinfectant first, and wear rubber gloves and a protective face mask. • Avoid camping, sleeping in places infested by rodents. Don't live-trap wild mice or keep them as pets.
Reptiles and amphibians can also carry, and transmit, Cryptosporidium and Giardia	• Salmonella – A bacteria that causes intestinal infections, and a common cause of food poisoning.	• Salmonella bacteria are everywhere in the environment and live in the intestinal tract of healthy poultry, livestock, reptiles and pets. • Most human infections are not caused by direct contact with animals but from contaminated food or water. • Aquatic reptiles, such as turtles, carry and transmit salmonella. Risk of infection from "dry land" snakes, lizards may be lower. • Cats and dogs usually don't get sick, but they can still infect humans by licking. • Certain pet treats, such as pigs' ear chews, may be contaminated and can infect humans.	• Infection can cause severe diarrhea, fever, headache, stomach cramps and vomiting. In infants, the elderly, or in people with a weakened immune system, it can be fatal. • Most cases in children 1 to 4 years of age. • Can cause widespread outbreaks.	• Clean your pet's cage and living area often and thoroughly with a hose or in an outdoor sink. Disinfect carpets or furnishings when feces are present. • Avoid keeping reptiles as pets. • Wash your hands well with soap and water after handling pets, pet chews, coming into contact with pet waste, and cleaning a birdfeeder. *Eggs and all meats should be thoroughly cooked before eating.

Reviewed by the following CPS Committees:
Infectious Diseases and Immunization Committee

Last updated: November 2010

This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.

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RESOURCE SHEET

Canadian Child Care Federation

#49

Teaching Children to Respect Dogs

Dogs can make loving, gentle pets. Through simply knowing a dog in the neighbourhood, children can learn about empathy and caring for others. But whether it's your own family dog, a neighbour's or a stray, dogs can cause harm under certain situations. Children — especially those nine and under — are most at risk of dog-bite injury causing serious physical and long-term emotional trauma. Teaching children to respect pets is the first step in guarding against bites from dogs.

Why do dogs bite? Most dogs are safe, reliable companions, but even a friendly dog may bite if threatened, angry, afraid or hurt. Some dogs who are trained to be aggressive may chase and attack a fleeing child. Dogs are generally protective of their food, puppies or toys. They may also be protective of their spaces and owners. Commonly defended places include eating and sleeping areas, yards, porches and parked cars. A child reaching through a fence or arriving unexpectedly at the door can turn a neighbour's warm, loyal pet into a growling, aggressive protector. Children must learn not to frighten or anger a dog.

Other Reasons Dogs May Bite

- Cornering, crowding or standing over a dog (particularly a small one) may make him feel defensive. Children should stand back and never put their faces close to a dog's mouth.
- Stray dogs may be very dangerous. Any dog that is loose may be lost, frightened or injured and therefore more likely to bite.
- Sick or injured dogs may be afraid or irritable.
- Elderly dogs may have impaired vision or hearing which can cause them to be more easily startled.
- A dog that is excited or nervous may bite by mistake. Dogs can feel left out, especially when a new baby or pet joins the household. Give a dog extra love and attention when this happens.

Dogs living with or around children need to be able to tolerate a degree of rough treatment without resorting to biting. Children should only be around dogs that don't "play bite" and family pets should be chosen carefully with this in mind. Small children and very young puppies are not suitable companions. A toddler sees the puppy as a cuddly toy to be pushed and poked, and a puppy might nip in defence. In the end, the child may grow up afraid of dogs or the puppy may mature into a nervous, irritable dog. An older pup, about 12 months of age, is much more suitable for young children. Never leave an infant or young child alone with a dog.

SAFETY DOS AND DON'TS

Teach children to observe the simple rules of safe and considerate behaviour around dogs — their own and others.

Don't

- tease dogs (pull tail or ears, throw things at, ride or chase them), even dogs behind fences;
- go near dogs chained or tied up in yards;
- touch or play with a dog while he is eating;
- touch or scare a dog while he is sleeping;
- approach or touch a dog that is on the loose;
- run and scream if a dog comes near you;
- stare into a dog's eyes;
- take a dog's toys or bones away from him.

Do

- ask the owner if it's okay before petting a dog;
- let a dog sniff your closed hand before petting him;
- tell an adult right away if you see a stray, injured or scary looking dog;
- stand very still (like a tree) and be very quiet if a dog comes near you;
- lie face down (like a log) and cover the back of your neck if a dog attacks you;
- act kindly and gently towards dogs and other animals.

Adapted by Sherry Scharff from materials provided by the American Society for the Prevention of Cruelty to Animals and "Bite Free," a brochure distributed by The Humane Society of Ottawa-Carleton. For more information on dog bites and humane education, contact your local Humane Society. Permission is not required to make photocopies of this resource sheet for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the Canadian Child Care Federation, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Tel 1 800 858-1412 or (613) 729-5289. Fax (613) 729-3159. Email cccf@cfc-efc.ca. *© CCCF 2001*

Canadian
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Weekly safety checklist

Name of person doing inspection: ______________________________ Date: ______________

Indoors	Okay	Action required	Specify action	Date completed	Comments
Facility-wide					
Strict "no smoking" and "no weapons" policies are in force.	☐	☐			
Entranceways and exits are free of obstacles or clutter.	☐	☐			
Doors can be easily opened by adults, but not by children.	☐	☐			
Staff and visitors can store their purses, backpacks and other personal belongings out of the sight and reach of children.	☐	☐			
Diaper/laundry bags that are to be sent home are hung out of the sight and reach of children.	☐	☐			
Telephones are easily accessible by staff, and a list of numbers for emergency services is posted next to every phone.	☐	☐			
All unused electrical outlets have protective safety covers.	☐	☐			
Single-receptacle extension cords are inaccessible by children and have not been nailed to a wall or run under rugs. ☐ The empty outlet has a protective safety cover.	☐	☐			
Garbage containers are foot-activated, plastic-lined, and have tightly fitting lids.	☐	☐			
Throw or area rugs do not slide or buckle.	☐	☐			
Pet food bowls and litter boxes are not accessible to children.	☐	☐			
All blind and curtain cords are tied up and secured with safety hooks.	☐	☐			
Window guards prevent windows from opening wider than 10 cm (4 in.).	☐	☐			
Halls and stairways are well lit and free of obstacles and clutter.	☐	☐			
Hardware-mounted safety gates are installed at the top and bottom of stairways, and pressure gates are used to prevent access to hazardous areas, as appropriate.	☐	☐			
Floors are vacuumed every day and as needed.	☐	☐			
Furniture					
Cribs, playpens and high chairs have intact, readable labels bearing the manufacturer's name, product name and model number. ☐ They meet all current safety standards. ☐ Specifications for safe use, including height, age and weight limits, are known and adhered to.	☐	☐			
The height, age and weight limits for accessories (e.g., a baby swing or a stationary activity centre) are known and adhered to.	☐	☐			

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Indoors	Okay	Action required	Specify action	Date completed	Comments
No infant under 4 months of age is put into a stationary activity centre.	☐	☐			
A stationary activity centre is positioned away from stairways, plants, hot surfaces, or any object that can be reached for and pulled over.	☐	☐			
Furniture is positioned away from windows.	☐	☐			
There are no wall hangings, lamps or pictures within reach of a crib.	☐	☐			
Crib mobiles are removed if a child using the crib is 4 months old or can push up on hands and knees.	☐	☐			
Potentially hazardous items (e.g., a rotating chair, chairs that pull out, retract or recline, or exercise equipment) are not accessible by children.	☐	☐			
Cubbies, bookcases, change tables, dressers and entertainment units are well constructed, stable and anchored to the wall.	☐	☐			
Other heavy objects (e.g., a TV) are anchored securely to the wall to prevent toppling.	☐	☐			
Play areas, toys and indoor play structures					
Play areas for children under and over 3 years of age are separated, to minimize the risk of injury to younger children during play, as well as their access to inappropriate toys.	☐	☐			
Toys are age-appropriate and suited to the abilities of the children playing with them.	☐	☐			
Toys for different age groups are stored separately.	☐	☐			
No toy small enough to fit inside an empty toilet roll is accessible by babies and toddlers.	☐	☐			
Toy labels with age-related and small parts warnings and instructions for safe use are known and adhered to.	☐	☐			
Toy instructions or manuals are kept on file.	☐	☐			
Age-appropriate, non-toxic, non-edible arts and crafts materials are stored in labelled containers out of the reach of children.	☐	☐			
No toy has a pull cord or string longer than 20 cm (8 in.).	☐	☐			
Indoor play structures are safely positioned, away from windows and other furniture, with ☐ a proper fall zone, and ☐ sufficient surfacing to cushion a fall.	☐	☐			
Wheeled toys (e.g., ride-on toys) are appropriate for the age and stage of children using them. ☐ Their height, age and weight specifications are known and adhered to.	☐	☐			
Children wear a certified helmet when using wheeled toys.	☐	☐			

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Indoors	Okay	Action required	Specify action	Date completed	Comments
Kitchen and eating areas					
The kitchen is equipped with a working fire extinguisher that staff have access to and know how to use.	☐	☐			
Hot water faucets have a scald guard, and ☐ the water heater's temperature setting is no higher than 49°C (120°F).	☐	☐			
A safety gate is installed in the kitchen doorway to prevent toddlers from entering the room at unsafe times (e.g., when the dishwasher is running).	☐	☐			
There are no dangling appliance cords.	☐	☐			
Sharp objects (e.g., knives, scissors) and plastic bags are inaccessible by children.	☐	☐			
Medications (including vitamins) are stored out of the sight and reach of children (in a locked cupboard or sealed container in the fridge).	☐	☐			
The high chair is positioned away from furniture or appliances that a child might reach for.	☐	☐			
Placemats rather than a tablecloth are used at the table.	☐	☐			
Stove knobs at child height are removed when not in use.	☐	☐			
The garbage can and compost container are inaccessible to children.	☐	☐			
Foods that pose a choking risk are inaccessible to children.	☐	☐			
Bathroom, washroom, diapering area					
The bathroom door is locked with a hook-and-eye latch when not in use, and cannot be locked by a child from inside.	☐	☐			
Non-slip step stools are provided for sinks and toilets, as needed.	☐	☐			
All household cleaning agents are stored in their original containers, ☐ out of the sight and reach of children, and ☐ preferably in a locked cupboard.	☐	☐			
Bleach solutions are properly labelled (e.g., 1:10, 1:100), and ☐ are inaccessible to children.	☐	☐			
The diaper pail is inaccessible to children, preferably in a latched cupboard.	☐	☐			
Soiled cloth diapers are disposed of in securely tied plastic bags.	☐	☐			
Soiled diapers and plastic bags are inaccessible to children.	☐	☐			
Medications and personal care products (e.g., mouthwash, cosmetics) are stored out of the sight and reach of children.	☐	☐			
Faucets have a scald guard.	☐	☐			
Items such as hairdryers are unplugged when not in use and inaccessible to children (e.g., no dangling cords).	☐	☐			

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Outdoors	Okay	Action required	Specify action	Date completed	Comments
Transition and storage areas					
A "no idling" policy is in force at drop-off and pick-up times.	☐	☐			
The fence separating the children's play area from the driveway or garage is at least 1.2 m (4 ft.) high, ☐ climbing resistant, and ☐ in good repair.	☐	☐			
Gates work properly (e.g., they self-close and self-latch).	☐	☐			
Stair gates on the porch, deck or balcony are properly installed, and always used when children are present.	☐	☐			
Porch and deck rails are no more than 10 cm (4 in.) apart, and in good repair.	☐	☐			
Garbage storage areas and bins are away from play areas, and inaccessible to children.	☐	☐			
Lawn machines and power tools are inaccessible by children, and never used when children are playing in the yard.	☐	☐			
The garage is inaccessible to children.	☐	☐			
The barbeque is inaccessible to children.	☐	☐			
Play area					
Play equipment is checked for rusting, new pinch- or catch-points, and other signs of wear and tear.	☐	☐			
Surfacing under play equipment is checked daily for litter and sharp or foreign objects, and ☐ raked weekly to maintain depth, softness and an even distribution around play equipment.	☐	☐			
Plants known to be toxic and mushrooms are removed.	☐	☐			
No new pool of water more than 5 cm (2 in.) deep is accessible to children (e.g., rain run-off).	☐	☐			
The facility vehicle					
The vehicle is insured, in good repair, and equipped with age-appropriate child seats, or a seat belt, for every child and staff member to be transported.	☐	☐			
Car seats have a CMVSS label and meet current safety standards. ☐ They are installed correctly, using UAS/LATCH or seat belt, and ☐ installed securely (e.g., they do not move more than 2.5 cm (1 in.) forward or from side to side).	☐	☐			
The height, age and weight specifications for each car seat are known and adhered to.	☐	☐			
Copies of the manufacturer's instructions for all car seats and the vehicle owner's manual are kept in the vehicle.	☐	☐			
Loose items are stowed so that they will not fly in case of a sudden stop.	☐	☐			
The vehicle is equipped with a first aid kit.	☐	☐			

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Canadian
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Monthly safety checklist

Name of person doing inspection: ______________________________ Date: ____________

Indoors	Okay	Action required	Specify action	Date completed	Comments
Facility-wide					
Health Canada's website at www.hc-sc.gc.ca (consumer product safety) has been checked for product advisories, recalls and product safety information that might affect the facility.	☐	☐			
All smoke detectors are tested and working, and the test window on all fire extinguishers has been checked.	☐	☐			
Ceilings and walls have no cracked or broken plaster. There is no peeling or badly chipped paint.	☐	☐			
All lights are in good working order (e.g., bulbs and wires are checked if lights flicker or buzz).	☐	☐			
Outlets near water (e.g., kitchen, bathroom, outside) are protected by ground-fault interrupter circuitry, and have been tested.	☐	☐			
Ceilings, walls and window frames are checked for "soft" or damp spots that may indicate a leak or mould growth.	☐	☐			
Window screens are secure and in good repair.	☐	☐			
Plants known to be poisonous have been removed.	☐	☐			
There are no cracks or splinters in the flooring.	☐	☐			
Shelves are securely anchored to walls, and ☐ heavy or breakable items are well back from shelf edges.	☐	☐			
Furniture					
Cribs, playpens and change tables are checked carefully for pinch- or catch-points, exposed joints, loose parts, tears, or any other signs of wear and tear.	☐	☐			
Play areas, toys and indoor play structures					
All toys are checked for loose or broken parts, tears, and any signs of wear that might pose a choking or other hazard.	☐	☐			
Bathroom, washroom, diapering area					
The bathtub and surrounding tiles are checked for loose grout or caulking.	☐	☐			
Non-skid or other decals in the tub are not lifting or loose.	☐	☐			
Pets and animals					
There are no inappropriate animals on facility premises.	☐	☐			

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Indoors	**Okay**	**Action required**	**Specify action**	**Date completed**	**Comments**
House pets are fully immunized and are fed and exercised in areas inaccessible to children.	☐	☐			
There is no contact between children and pets without active supervision by staff.	☐	☐			
Outdoors	**Okay**	**Action required**	**Specify action**	**Date completed**	**Comments**
Play area					
Each piece of play equipment is checked to ensure that: ☐ bolts, screws and other fastenings are covered with an acorn nut or plastic cap, or are well recessed, ☐ all nuts and bolts are tight, ☐ there is no rust or chipped paint on metal surfaces, ☐ there are no broken parts, or sharp edges that need filing down, and ☐ there are no uprooted or exposed footings that could be a tripping hazard.	☐	☐			
Ride-on toys and tricycles are in good repair and stored inside when not in use.	☐	☐			
There are enough properly certified helmets for children using wheeled toys at the same time.	☐	☐			
No helmet has been in a collision or is more than 5 years old.	☐	☐			
Shaded play areas are accessible, ☐ clean and dry, and ☐ free of plants known to be poisonous.	☐	☐			
The facility vehicle					
The vehicle is equipped with basic tools (e.g., for a tire change), and an emergency kit (e.g., blankets, candles) in case of a breakdown.	☐	☐			
All height, age and weight specifications for car seats are known and adhered to.	☐	☐			
Every potential driver of the facility vehicle is fully licensed and insured.	☐	☐			

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Canadian
Paediatric
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Seasonal safety checklist

Name of person doing inspection: ______________________ Date:__________

Outdoors	Okay	Action required	Specify action	Date completed	Comments
Pools, hot tubs and spas, whether on site or neighbouring the facility, are inaccessible to children. ☐ They are fenced in on all four sides, with a self-locking gate. ☐ Fences are at least 1.2 m (4 ft.) high and climbing-resistant.	☐	☐			
Wading pools are emptied and turned upside-down when not in use.	☐	☐			
Surfacing material under play equipment is topped up to prevent it from becoming too compact or hard.	☐	☐			
Indoor play gyms are not used outside in the winter.	☐	☐			
Sand or salt is put down on walkways to prevent falls in cold weather.	☐	☐			
The facility is equipped for extreme weather with basic emergency supplies (flashlights and candles, bottled water, non-perishable food, extra blankets, etc.).	☐	☐			

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Canadian
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Annual safety checklist

Name of person doing inspection: ______________________________ Date: ______________

Indoors	Okay	Action required	Specify action	Date completed	Comments
Facility-wide					
The provincial/territorial child care office or local public health unit has been consulted for changes to building and fire codes that might affect the facility.	☐	☐			
All children's furniture, equipment and accessories have been checked for product recalls, and eliminated or replaced as necessary.	☐	☐			
A certified playground inspector has checked play areas (**indoors and out**) and all play equipment for safety, proper placement and surfacing. ☐ There is a schedule for maintenance and follow-up inspections.	☐	☐			
There is a firmly anchored mat or non-slip floor covering at each entrance.	☐	☐			
Floors are in good condition, clean, and have non-slip surfaces.	☐	☐			
Outdoors	**Okay**	**Action required**	**Specify action**	**Date completed**	**Comments**
Play area					
Active play areas (e.g., for ride-on toys, running) are clearly delineated from areas for quiet activities (e.g., a sandbox).	☐	☐			
The local school board, licensing authority or parks and recreation office has been consulted for changes to local by-laws governing play equipment that might affect the facility.	☐	☐			
All play equipment conforms to current CSA safety standards, and ☐ is age-appropriate.	☐	☐			
Play equipment is properly installed, ☐ is safely positioned away from other play apparatus or fencing, and ☐ is properly anchored.	☐	☐			
Each piece of play equipment higher than 30 cm (12 in.) above the ground has at least 25 to 30 cm (10 to 12 in.) of cushioning material beneath it (more if it is higher).	☐	☐			
Surfacing material extends 1.8 m (6 ft.) beyond each apparatus.	☐	☐			
Surfacing material meets current CSA safety standards, and ☐ is age-appropriate for the children who have access to it (e.g., pea gravel is a choking hazard for babies and toddlers).	☐	☐			
There are no head entrapment areas on play equipment (spaces measuring between 9 and 22.9 cm [3.5 and 9 in.]).	☐	☐			

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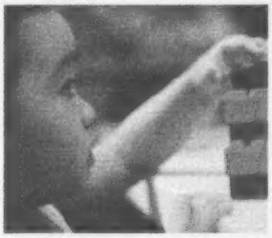

PLAYING IT SAFE:

BUYING PRODUCTS FOR THE CHILD CARE CENTRE

In early learning and child care environments, children receive care and nurturing, learn to socialize with their peers, and develop important skills. They may also, however, come into contact with a variety of potentially harmful chemicals or pollutants.

Children may take in such chemicals by mouthing certain plastic or painted toys, eating foods heated in plastic containers, breathing in fine dust from art and craft materials, or absorbing chemicals through their skin from cleaning products. While chemical exposures from individual products may be small, they can add up and, in combination, potentially contribute to asthma, learning disabilities, cancer and other chronic conditions.

The good news is that many environmental exposures can be prevented. You can play an important part in this prevention by choosing safer products for your child care centre and using potentially hazardous products safely.

Toys

- If buying plastic toys, look for PVC- or phthalate-free toys. Avoid toys with "vinyl" or "PVC" on the label, or those with a strong chemical smell. PVC (polyvinyl chloride) contains potentially harmful phthalates.
- Be aware that most inflatable toys (such as those for water play) are made of PVC.
- If possible, choose unpainted wooden toys, toys with lead-free paint, or machine-washable cloth toys.
- Avoid second-hand, donated or inexpensive toys that may contain lead. Metal objects (such as play jewellery) that feel heavy for their size may also contain lead.
- Visit the Health Canada Consumer Product Safety website and subscribe to the e-mail list (cpsn-subscribe-request@list.hc-sc.gc.ca) to learn of consumer advisories, warnings and product recalls.

Art and Craft Materials

- Choose art and craft materials specifically labelled "intended for use by children" and avoid products that bear hazard symbols. A product labelled "non-toxic" is not an assurance of safety.
- Look for products with the "Approved Product" (AP) seal from the American Arts and Creative Materials Institute (ACMI). This label assures some measure of safety.
- Select liquid, gel and paste art materials rather than powders and sprays, and water-based art and craft materials rather than solvent-based products.

Personal Care Products

- Choose fragrance-free products.
- Do not use antibacterial hand soap. Proper hand washing with plain soap and water removes most germs.
- When soap and water are not available, an unscented, alcohol-based hand sanitizer is an acceptable alternative.
- When buying sunscreen, look for products bearing the Canadian Dermatology Association (CDA) logo with a sun protection factor (SPF) of 30 or higher.
- Favour sunscreens that contain reflecting physical blockers, such as titanium dioxide, and avoid those containing chemical blockers, such as octyl methoxycinnamate or oxybenzone. To play it safe, write to companies to find out if the sunscreens you choose contain nanoparticles — ultra-small particles that may be absorbed through the skin.

Disinfectants

- Use bleach solutions when and where required and in the concentrations recommended by your public health unit.
- If choosing alternatives to bleach for disinfection — such as products containing hydrogen peroxide, phenol (rinsing is required after application), and thyme oil — ensure products have a drug identification number (DIN) or *Pest Control Products (PCP) Act* number.

Cleaning Products

- For tasks other than disinfection, choose products with the fewest hazard symbols. Plain soap or detergent will suffice in many cases.
- Use fragrance-free and biodegradable laundry soaps. Do not use dryer sheets or scented fabric softeners.
- For routine cleaning tasks, choose reusable cloth wipes instead of disposable chemical wipes.
- Choose the least toxic carpet and oven cleaners.
- Look for products bearing the EcoLogo. These are typically less toxic than conventional ones.
- Do not use deodorizers or air "fresheners" (including plug-ins). Most rely on potentially harmful chemicals to cover up offensive odours.

Pest Control Products

- Use preventive measures — such as regular cleaning, building maintenance and safe food storage — to reduce the risk of infestations.
- For minor pest problems, select chemical-free and non-toxic measures whenever possible.

Choosing to buy safer products is one way you can protect the health of children in your care. The way you use products and the practices you engage in on a daily basis are equally important.

For more information and practical tips on healthier, greener practices in the child care setting, refer to *Advancing Environmental Health in Child Care Settings: A Checklist for Child Care Practitioners and Public Health Inspectors* at www.healthyenvironmentforkids.ca

- If an infestation occurs, use traps rather than poisons. If poison must be used, choose pastes and gels instead of powders and sprays, and follow label instructions carefully. Always ensure that pest control products are inaccessible to children, and work in consultation with your local public health unit.

Insect Repellents

- For DEET-containing repellents, select only those specifically intended for children. Choose those with the lowest possible DEET concentration, and not higher than ten per cent. Use as directed.
- When choosing alternatives to DEET, select products registered by the Pest Management Regulatory Agency.
- Avoid eucalyptus-based repellents or products containing citronella or lavender oil, as these can be harmful to children.

Furnishings

- Most sleeping mats are covered with vinyl (PVC). Air out new mats for three days before using them indoors, and ensure children do not mouth or chew on them by covering them with a washable fabric.
- When replacing carpets, choose smooth hard flooring (not vinyl) and cover where needed with machine-washable area rugs. Avoid wall-to-wall carpeting.

Food Storage and Serving Ware

- When purchasing food storage containers, opt for glass, lead-free ceramic or stainless steel.
- For dishes and cutlery, consider glass, lead-free ceramic, stainless steel or bamboo as alternatives to plastic.
- If you use plastic, polypropylene (#5) is a better choice. Avoid storing hot food in plastic.

Following these tips is not always simple. Alternative products can be more expensive and they may be hard to find. And simply reading labels won't always tell you everything that is in a product.

When you make the effort to ask for and choose safer products, you are not only protecting the health of the children in your care, you are also helping to push the marketplace so that everyone can access safer, reasonably priced products.

We can all play a part in securing better laws to protect children from toxic chemicals in consumer products, including mandatory product labelling and full disclosure of ingredients.

For CPCHE's position on these and other issues, see *First Steps in Lifelong Health: A Vision and Strategy for Children's Health and Environment in Canada*, at www.healthyenvironmentforkids.ca

Where Can You Get More Information?

Advancing Environmental Health in Child Care Settings (CPCHE) – see box, over

Child Health and the Environment: A Primer (CPCHE)
www.healthyenvironmentforkids.ca/Primer.pdf

Childproofing for Environmental Health: An Examination of Food Related Exposures (Toronto Public Health)
www.healthyenvironmentforkids.ca/resources/childproofing-environmental-health-examination-food-related-exposures

Online Collection on Toy Safety (CPCHE)
www.healthyenvironmentforkids.ca/collections/toy-safety

Consumer Product Safety Warnings and Advisories (Health Canada)
www.hc-sc.gc.ca/cps-spc/advisories-avis/aw-am/index-eng.php

Safety in the Arts (Canadian Child Care Federation)
www.cccf-fcsge.ca/docs/cccf/RS_21-e.pdf

Well Beings: A Guide to Health in Child Care (Canadian Paediatric Society)
www.caringforkids.cps.ca/wellbeings/index.htm

Online Collection on Pesticides (CPCHE)
www.healthyenvironmentforkids.ca/collections/pesticides

Insect Repellents (Health Canada)
www.hc-sc.gc.ca/hl-vs/iyh-vsv/life-vie/insect-eng.php

Insect Repellents for Children (Canadian Paediatric Society)
www.caringforkids.cps.ca/keepkidssafe/repellents.htm

Online Collection on Phthalates (CPCHE)
www.healthyenvironmentforkids.ca/collections/phthalates

Online Collection on Bisphenol A (CPCHE)
www.healthyenvironmentforkids.ca/collections/bisphenol

Smart Plastics Guide: Healthier Food Uses of Plastics (Institute for Agriculture and Trade Policy)
www.healthobservatory.org/library.cfm?refid=102202

Guide to Less Toxic Products (Environmental Health Association of Nova Scotia)
www.lesstoxicguide.ca

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canadian partnership for
children's
health & environment

www.healthyenvironmentforkids.ca

The **Canadian Partnership for Children's Health and Environment (CPCHE)** is a group of organizations that have been working together since 2001 to protect children's health from environmental exposures to toxic chemicals and pollutants.

Canadian
Child Care
Federation

Fédération
canadienne des
services de garde
à l'enfance

RESOURCE SHEET

Canadian Child Care Federation

#47

Polyvinyl Chloride Toys

What is polyvinyl chloride?

Polyvinyl chloride (PVC) is a commonly used type of plastic. PVC is naturally hard. Chemicals are added to it to change its natural characteristics. Phthalates (pronounced thay-lates) are added to make the PVC soft and squishy for use in infant toys that are chewed and sucked. Heavy metals like lead and cadmium are added to make the rigid type of PVC more durable for use in older children's toys and other consumer products.

Why is there concern about phthalates?

Phthalates in infant toys that are chewed and sucked can be swallowed by the child. Animal studies confirm that exposure to phthalates can lead to liver, kidney and reproductive system damage. Some studies show that these chemicals may interfere with hormone systems that regulate normal growth and development in children.

Germany, the Netherlands, Denmark, Austria, Belgium, Spain, Sweden, Italy, Argentina, the Phillippines and Greece have taken steps to remove some or all PVC infant toys from sale because of the risk that phthalates pose. In 1998, Health Canada made a decision to remove these additives from vinyl teethers, teething rings and rattles.

What are the effects of lead and cadmium?

Lead damages the nervous system, leading to decreased learning ability and behavioural deficits. Children are especially susceptible because they absorb and retain lead more easily than adults and because their brains are still developing. Cadmium is known to produce cancer, cause kidney damage and affect the developing brain.

When exposed to heat, sunlight and aging, lead is released as a fine dust that builds up on the product's surface. Lead dust does not biodegrade but stays in the environment. Children can easily swallow or inhale this dust.

Are all soft plastic toys made from PVC?

Almost all soft plastic toys for infants and toddlers sold in Canada are imported from factories in Asia where PVC is very widely used. However, there are other types of plastics that are naturally soft (e.g., polyethylene and ethylene vinyl acetate) that do not contain plasticizers like phthalates, but in North America it is difficult to find teething rings and infant toys made from these plastics.

How can PVC toys be identified?

- Children's toys are rarely labelled to indicate the type of plastic they contain.
- Toys in their original packaging toys may contain the words "vinyl" or "PVC" in the description.
- Soft PVC items containing phthalates often have a pungent, disagreeable odour. A masking agent is often applied to cover up the additive's odour.
- Soft PVC products tend to be soft but not rubbery, and tend to not return immediately to their initial shape after being twisted or bent.

What safer alternatives are there to PVC?

- fabric teethers
- wooden toys (with non-toxic paint)
- hard plastic toys. Although hard PVC can contain lead and cadmium, most hard plastic children's products are made from other kinds of plastics containing fewer additives than PVC.
- soft teethers made from other types of plastic that do not contain phthalates.

For a list of safe teething products, visit Health Canada's website: www.hc-sc.gc.ca/english/protection/warnings/1998/list.html

Is the government regulating these products?

Plastic toys intended for children under three years of age must conform to food packaging regulations. However, phthalates, lead and cadmium are not specifically mentioned in Canada's food packaging legislation (Section 23, Part B, "Food and Drugs Regulations," Food and Drug Act). No legal limits exist in Canada regarding the amounts of lead or cadmium used in plastic consumer products.

In 1998, Health Canada issued an advisory stating that any soft vinyl product designed to be mouthed (sucked or chewed) such as teething toys, teething rings and rattles containing the phthalate DINP, will be immediately removed from sale and parents or caregivers are being advised to dispose of these products. In addition, Health Canada is requesting the toy industry to phase out DINP from small vinyl toys that are likely to be mouthed frequently and for a prolonged period (three hours or more per day) by young children.

How do I dispose of unwanted PVC toys?

When burned, PVC plastic releases dioxins, which are highly toxic even in small quantities. Ensure that PVC toys go to a landfill site, not to a municipal incinerator. Most municipal and regional Blue Box programs do not have the facilities to recycle post-consumer PVC products and thus do not accept them.

Written by the Canadian Institute of Child Health, November 1998. Posted by the Canadian Child Care Federation. Permission is not required to make photocopies of this resource for public education purposes. Photocopies may not be sold. To purchase or reprint, contact the Canadian Child Care Federation, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Tel 1 800 858 1412 or (613) 729-5289. Fax (613) 729-3159. Email info@cccf-fcsge.ca Website www.cccf-fcsge.ca *© CCCF 2004*

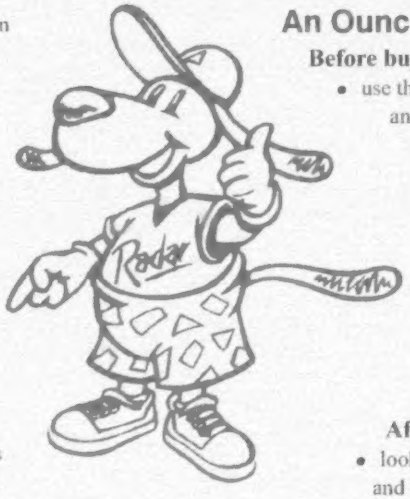
RESOURCE SHEET

Canadian Child Care Federation

#26

Toy Safety

At each stage of development, children face new challenges and different risks. By being aware of the kinds of dangers associated with toys at different stages of development, you can better protect children while ensuring safe enjoyment of their toys. At least a quarter of a million children are treated for injuries in Canadian hospitals every year and tragically, about a thousand die from their injuries — more than any other cause.



Babies learn by putting things into their mouths and are at a high risk for choking on toys. Many reports of choking involve infants or toddlers who were playing with rattles and squeeze toys. Marbles and small balls are also a hazard. Parental supervision is key. Toys meant for older children, especially those with small parts, should be kept away from small children.

When a baby is crawling or just learning to walk, toy boxes and toy chests can be dangerous traps and heavy lids can slam shut on small children. Well supported lids with sturdy hinges and plenty of holes for ventilation can eliminate such risks.

Tricycles and riding toys are hazardous for toddlers since their coordination is not adequately developed and injuries are common when using these toys. Choose age appropriate toys and make sure children ride in safe places.

Projectile toys and toys with parts that fly appeal to school-aged children but can cause a variety of injuries, especially eye injuries. Supervise play with this type of toy and teach children to never aim projectiles at anyone.

Balloons are great fun, but they pose the greatest choking hazard for children of all ages. Always blow up balloons for children and never allow them to chew on uninflated balloons or broken pieces.

An Ounce of Prevention...

Before buying children's toys:

- use the recommended age labelling as a guide and buy only toys suitable for the child's age group
- avoid toys with sharp points or edges
- check rigid eyes and noses on soft toys and make sure that they cannot be pulled off
- make sure small parts of larger toys, such as wheels on toy cars, are secure and cannot break off.

After buying children's toys:

- look for safety messages on toy packaging and follow all instructions
- throw away or recycle all toy packaging, such as plastic, cellophane and styrofoam
- teach your child to use each toy appropriately
- make sure that batteries in toys are properly installed
- do not allow a child to sleep with a battery-operated toy
- supervise children playing with balloons and throw away pieces of broken balloons
- remove toys and mobiles strung across cribs and playpens when baby begins to push up with his/her hands and knees
- teach children to put their toys away
- inspect toys regularly
- throw away broken toys that cannot be fixed.

No matter how much safety is built into a toy, supervision, proper use and maintenance of toys are adult responsibilities. For information and pamphlets, contact the Information and Education Program, Consumer Safety Division, Product Safety, at (613) 952-1014. Health Canada Product Safety inspectors investigate consumer complaints about toys and laboratory specialists test toys to ensure that they are safe. If you have a concern, call your Health Canada district or regional offices of Product Safety or visit our web site at www.hc-sc.gc.ca.

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Health Canada Santé Canada

Your health and safety… our priority. *Votre santé et votre sécurité… notre priorité.*

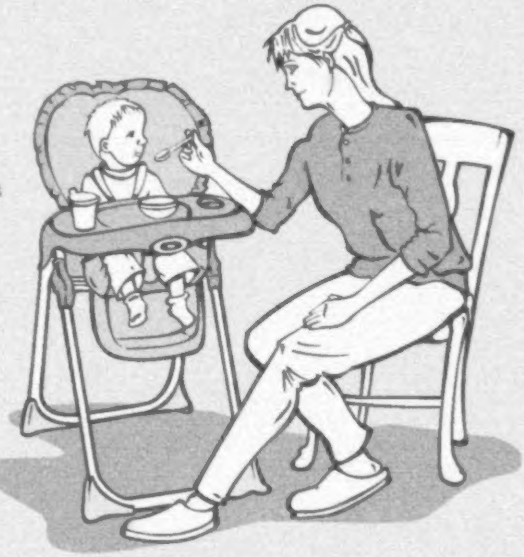
High Chair Safety

INSTRUCTIONS

Safety Tips

- Supervise the child at all times when they are in the high chair. If you need to leave the room, take the child with you.
- Ensure that the high chair is stable and has a wide base to reduce the risk of tipping over.
- Always secure the harness and lap belt when the child is in the high chair. The chair should have a safety strap which fits between the child's legs, and a waist belt that is easy to fasten.
- Take the child out of the high chair before making adjustments to the chair or the tray.
- Do not allow the child to stand on the high chair or the tray. They should be in a sitting position at all times.
- Never allow older children to climb onto the chair.
- Place the high chair so the child cannot access windows, or push against walls and furniture and tip over.
- Place the high chair so the child cannot reach blindcords, appliances, and other items on countertops that they could pull onto themselves.

Children have been hurt by falling out of high chairs. Injuries can be prevented if the harness or lap belt is used properly, and the child is closely supervised.



If buying a second-hand high chair:

- Check that the manufacturer's name, model number, and date of manufacture are marked on the product.
- Check that instructions come with the product to ensure correct usage and appropriate guidelines, such as height and weight restrictions.
- Contact the manufacturer to check for recalls.
- Check to ensure that all parts are in working order, such as harness and lap belts.
- Make sure that the tray has no cracks to avoid finger pinching.
- Make sure that the fabric or vinyl is not torn. Children could choke on small pieces of vinyl and/or foam.

FOR MORE INFORMATION
contact Product Safety, Health Canada

1-866-662-0666
cps-spc@hc-sc.gc.ca

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Canada

Health Canada Santé Canada

Your health and safety... our priority. *Votre santé et votre sécurité... notre priorité.*

Crib Safety Tips for Parents and Caregivers

The safest place for your baby to sleep is in a crib that meets Canada's current safety regulations.

Your baby can use a crib until there is a possibility that the baby could climb out on their own or when they are taller than 90 cm (35 in.). When the baby reaches one of these milestones, you should switch to a toddler or standard bed.

Do not use a crib manufactured before September 1986, as it does not meet current performance requirements. Babies have been seriously injured, even fatally, when placed in a crib made before this date.

Health Canada does not recommend using cribs that are older than ten years as they are more likely to have broken, worn, loose or missing parts, and be missing warnings and instructions.

Safety tips

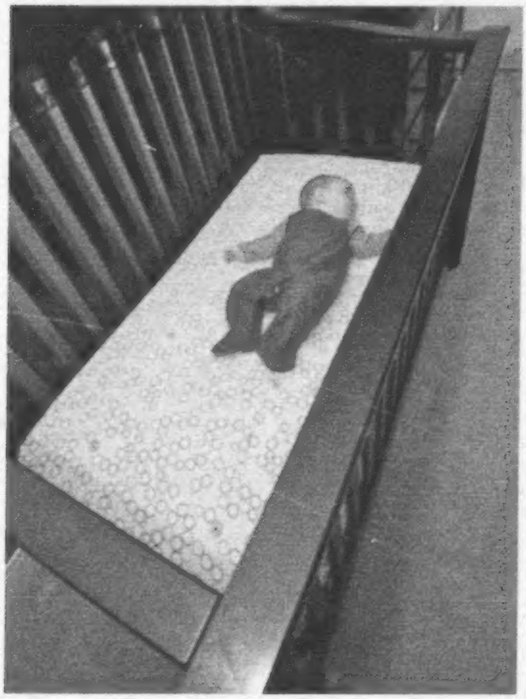
The crib:

- Look for a label on the crib that shows the date it was made. If it does not have a label, do not buy the crib.
- Make sure the crib has not been recalled before using it. Check with the manufacturer and with Health Canada at www.healthcanada.gc.ca/cps-recalls.
- Check the crib regularly to make sure the frame is solid and that there are no loose or missing parts. Tighten loose screws regularly.
- Only use parts obtained from the original manufacturer for repairs or recall fixes.
- Do not modify a crib in any way.
- Do not use a crib that cannot be assembled properly according to the manufacturer's instructions or if there are missing parts.

Canada

The mattress:

- Make sure the mattress is tight against all sides of the crib and does not leave a gap wider than 3 cm ($1\,^{3/16}$ in.) when pushed firmly to any side of the crib.
- Replace the mattress if it is not firm or if it is worn out.
- Move the mattress support down to its lowest position as soon as the baby can push up on hands and knees.



The baby:

- Always place a baby to sleep on his or her back.
- Never strap or tie a baby into the crib.
- Do not put a necklace or a pacifier attached to a cord around a baby's neck, as these can pose strangulation hazards.
- Place the crib away from windows, patio doors, curtains, blind cords, lamps, electrical plugs and electrical cords.
- Avoid the use of soft objects, such as pillows, plush toys, sleep positioners, comforters, thick blankets, bumper pads, lambskins or similar items as they can pose a suffocation risk.
- Always supervise babies when they are playing with toys or using bottles.
- Health Canada and the Public Health Agency of Canada recommend that the crib be placed in the caregiver's room, near the adult's bed, for the first 6 months, as this practice is associated with a reduced risk of Sudden Infant Death Syndrome.
- **If you are using a drop-side crib, always ensure that the sides are raised and locked into place after putting the baby in the crib. Carefully check the drop-side hardware on a regular basis.**

FOR MORE INFORMATION, contact Health Canada's Consumer Product Safety Directorate at 1-866-662-0666 or CPS-SPC@hc-sc.gc.ca

RESOURCE SHEET

Canadian Child Care Federation

#80

Outdoor Play Environments

Outdoor play encourages physically active play and contact with nature and its changing seasons and weather conditions.

A natural or traditional outdoor play space should be open and large enough for children to run, roll, skip, ride, climb, jump, sit and even daydream. The optimal space accommodates children's different developmental processes and abilities. It offers the potential for experiences, materials and design components that are appropriate for all children. Like indoor play spaces, outdoor play areas can be used for both physically active play and quiet reflective activities. When active, noisy play is kept separate from quiet, reflective play, activities are not bumped or interrupted by children moving about the rest of the outdoor space.

The ideal physical activity space includes:
- a flat portion of ground to allow for the construction of climbing apparatus and balance configurations that the children build themselves
- a flat space intended for musical games, musical movement, non-competitive active games, dance and running about
- an additional space of uneven ground for experiences in balance
- an outdoor storage shed to house materials and props for physical activity play
- places and opportunities for the child to control the experience including building, rolling, collecting, and digging
- places for fantasy play such as platforms, tunnels and props
- natural elements such as hedges and small trees where children can experience nature and enjoy some privacy to make mistakes, stumble and create their own rules, all with minimal adult supervision
- choice of experiences so that children have options to select those that have the level of risk they are prepared for
- clear, low boundaries between play spaces and clear paths for movement between them
- a balance of materials that are familiar to the children and novelty items
- sheltered places where children can experience various weather conditions
- a drinking water source
- commercial equipment and surfacing *support* children's physical and social play are not the central focus of the outdoor play

Take a close look at the available physical activity space in your child care setting (environmental scan) and assess what opportunities it currently offers for children to experience outdoor physical activities. First, identify the outdoor space's potential. How is it being used successfully? What are some other possibilities? Second, identify the challenges to physical activity play and find effective ways to overcome them.

Flexible play structures are key

Most traditional playground structures are stationary and offer only one play experience for children. There is no way to adapt them as children grow, or to make them more challenging as children develop their skills. Often they do not facilitate child-initiated or practitioner-initiated play. Ideally, play structures, materials and equipment contain components that can be moved and changed to accommodate imaginative, child-initiated play, inclusive play and the opportunity for "authentic" play experiences i.e. "piloting an airplane," "serving food at a restaurant."

The practitioner's role

By thoughtfully selecting and displaying these components in the outdoor space, you invite the children to use a broad range of materials in a variety of ways either individually or in group play. Likewise, using materials (such as balls, beanbags, hoops and other play props) in a well-planned outdoor space, you encourage children to manage, move and employ the materials in ways that support their need for comfort and for challenge. Making materials accessible and storing them close to the play area helps to promote active play.

Children depend on adults who support their need for exuberant play and who value and understand the intricacies of such play. As a practitioner, you continuously observe, assess examine and improve the outdoor play environments. Your role modelling of active play can lead children to expand their learning through play and to become comfortable in taking safe risks. Consider the outdoor play environment a developmental workshop. Truly the sky is the limit!

References:

Van Hoorn, J., Monighan Nourot, P., Scales, B., & Alward, K. (2003). *Play at the centre of the curriculum.* Upper Saddle River: Prentice Hall.

Wardle, F. (2003). *Introduction to early childhood education.* Boston: Pearson.

Production of this resource sheet has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. This resource also appears as #79d in a series of 10 resource sheets included on a CD of physical activity resources, entitled Quality Environment and Best Practices to Support Physical Activity in the Early Years. *To purchase the resource sheet or the complete CD, contact the Canadian Child Care Federation, 201-383 Parkdale Ave., Ottawa, Ontario. K1Y 4R4. Phone (613) 729-5289 ext. 234 or 1 800 858-1412. Fax (613) 729-3159. Email orders@cccf-fcsge.ca. Website www.cccf-fcsge.ca.* *© CCCF 2006*

RESOURCE SHEET

Canadian Child Care Federation

#32

Playground Safety

Each year thousands of children suffer from playground injuries ranging from abrasions and cuts to broken limbs and concussions. These injuries can even cause death. While children should be challenged and allowed to test their limits during outdoor play, there is a lot we can do to prevent or reduce injuries without sacrificing play value.

- Borrow or buy *Children's Playspaces and Equipment*. This book, produced by the Canadian Standards Association, provides design and maintenance standards for play structures and play areas.
- Establish a procedure for regular playground checks. Post the playground checklist and encourage staff and parents to take part.
- Develop a routine safety maintenance plan. Involve parents, children and the community in safety activities such as gathering sticks and papers, raking grass and sanding wood.
- Supervise outdoor play closely. Develop policies to ensure that the child-adult ratio is adequate. Adults should be interacting with the children, not with each other, on the playground.
- Make sure all drawstrings, cords and scarves are securely tucked inside snowsuits and coats, and that no ropes are tied on any playground structures. These items can strangle a child.
- Protect children from the sun. Plant vegetation, erect fences and awnings and build play equipment so that they provide shelter for playing children.
- Provide play experiences for children of differing abilities without compromising safety. Safety precautions may include equipping some children with helmets[1], or putting seatbelts on children who use wheelchairs.

Further reading

Mauffette, A.G., L. Fréchette, D. Robertson (1999). *Revisiting Children's Outdoor Equipment: a Focus on Design, Play and Safety*. Hull, QC: Gauvin. ISBN 2-921582-04-X

Canada Mortgage and Housing Corporation (1997). *Playspaces for Preschoolers*. Ottawa: author

Canadian Standards Association (1998). *Children's Playspaces and Equipment: National Standard of Canada*. Etobicoke, ON: Author. CAN/CSA-Z614-98

Playground Checklist

☐ Is the playspace away from dangerous activities or areas?
☐ Is the space between each piece of equipment sufficient (generally six feet) to prevent children from colliding into equipment?
☐ Have foreign objects or obstructions been removed from fall zones under and around fixed equipment?
☐ Is equipment smoothly finished and generally in good repair (no sharp edges, loose or broken parts)?
☐ Have all worn S-hooks, chains and bolts been replaced on swings? Are all S-hooks tightly closed?
☐ Is the end portion of the slide at least 11 inches long?
☐ Do slides have large decks with handrails at the top and no small spaces that can catch drawstrings or clothing?
☐ Do play structures with closed spaces allow air to circulate sufficiently to control temperature?
☐ Does the playspace have varied and appropriate surface materials? For example, is satisfactory shock-absorbing surface material located beneath raised equipment? Is the sand or ground cover under equipment 8 – 10 inches deep?
☐ Is most of the play area and interesting equipment in deep shade between 11:00 am and 2:00 pm?
☐ Are health hazards from animal contamination minimized (sandbox sand raked or sterilized, hands washed after outdoor play)?
☐ Is the playground free of areas where standing water or other debris can collect?
☐ Are wooden play structures preserved with non-toxic materials?
☐ Are children closely supervised?
☐ Are the climbing areas, where children could fall, less than six feet high?
☐ Could a child get caught anywhere? For example, are there any openings 3.5 – 9 inches wide that could entrap a child's head?

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[1] Helmets can also be a safety concern on playgrounds. Children should not wear bike or other sport helmets at the playground, since a child wearing a helmet may fall and be caught dangling by the helmet in a space otherwise large enough for the child to fall through.

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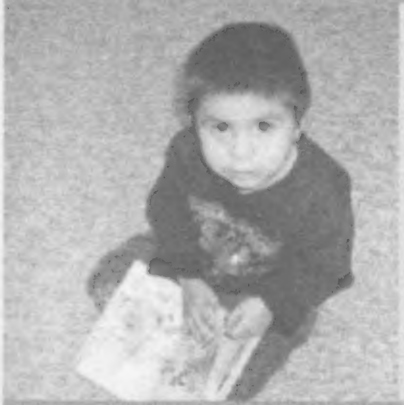
SECTION 8

REGULATION 23

BEHAVIOUR POLICIES AND EXPECTATIONS



Section 8

Regulation 23

BEHAVIOUR POLICIES AND EXPECTATIONS

This section explains operators' duties related to the behaviour that they expect – of staff, volunteers and children.

REGULATION 23(1) AND (2)

Positive Behaviour Policies

23(1)

An operator shall establish policies and practices for the child day care facility that:

(a) promote a respectful environment for all children attending the facility;

(b) promote a cooperative approach to solving problems; and

(c) ensure the use of positive reinforcement to encourage appropriate responses in children attending the facility.

23(2)

An operator shall ensure that the policies and practices established under subsection (1) are implemented in the child day care facility.

Why

◆ To ensure that operators develop and implement behaviour policies and practices that encourage a respectful environment for children and positive interaction among all staff, volunteers and children, in all areas of the facility.

What it means

☞ The operator must develop and implement written policies and practices that spell out what the operator and staff will consciously and consistently do to:

- promote a respectful environment for children,
- use a cooperative approach to problem solving,
- use positive reinforcement to encourage appropriate behaviour.

☞ A policy is a broad statement of what you are trying to achieve. For example, "At ABC Child Care we use a cooperative approach for solving problems."

☞ Practices are more specific statements that describe what staff, and children, *will actually do or say*, or what they are expected to do or say, so the policy becomes a reality. (See example under How to…, next page.)

☞ The operator must ensure that staff are aware of the behaviour policies and practices – meaning they are aware of the manner in which they are expected to interact with children.

Related regulations

⇔ 23(3): Operators are required to establish written behaviour expectations for children.

⇔ 23(4): There are certain behaviours that will not be tolerated.

How to...

✓ The policy statements are basically already written, or given to you, by the regulation. For example, "At ABC Child Care we promote a respectful environment for all children."

✓ For each policy statement, develop a list of expected practices. To list practices that support a respectful environment for example, think about how people would interact with each other, and the things they would say or do, that would show a respectful environment. For example:

- We greet and say goodbye to each child by name, every day.
- We model the behaviours that we want children to have.
- We use calm voices and make eye contact when talking to children.
- We recognize that each child is unique, and respond to individual differences in interests, learning styles and abilities.
- We encourage each child to make choices.
- We promote each child's independence.

✓ Do the same to set a policy and practices to promote "a cooperative approach to problem solving", and "using positive reinforcement to encourage appropriate behaviour."

✓ Invite parent and staff input into the above.

✓ Write policies and practices to identify the positive behaviours that you want, not the negative behaviours that you don't want. For example, "We speak in normal voices," instead of "We don't yell."

✓ You don't need long lists of behaviour practices that support each policy – just enough to "set the tone" for the way the facility operates.

✓ Post policies and practices on the information board and include them in the information handbook for parents.

✓ Provide all parents and staff with a copy of the facility's policy handbook.

✓ Include behaviour policies and practices in staff orientation.

✓ Have all staff sign a copy of the policies and practices indicating their understanding and the expectation for them to comply. Keep a signed copy in all individual staff files.

✓ Work with individual volunteers as needed to help them follow the policies and practices.

✓ Taking into account the age and development of individual children, teach children how to show respect for other children, adults and the environment, and how to solve problems cooperatively.

Resources

🕮 ECERS-R

Activities:	28 Promoting acceptance of diversity
Interaction:	32 Staff-child interactions
	33 Interactions among children

🕮 Section Resources

The World is the Children R8-1
Helping Children Respect
and Appreciate Diversity R8-2
Respecting the Children in Our Care R8-3
The Child's Rights in a Preschool Setting R8-4
Problem Solving Skills:
Enhancing Children's Resilience R8-5
Resolving Conflicts – Promoting Peace R8-6
When Your Child Misbehaves:
Tips for Positive Discipline R8-7
Guiding Your Child with Positive Discipline ... R8-10
How to Use Time-out R8-13
Time-out or Time-in?
How to Encourage Good Behaviour R8-15

REGULATION 23(3)

Expected Behaviour of Children

> An operator shall develop, post and circulate to the parents of children attending the child day care facility and, in the case of a centre day care facility, to each staff person, a written policy outlining the expectations in respect of a child's behaviour and the consequences if a child does not comply with the expectations.

Why

- To clearly identify expected behaviours of children and the actions that will be taken if a child does not comply.

What it means

- The operator must have a written policy outlining expected behaviours of children attending the facility.
- The policy must be written in positive terms. In other words it should state what children are expected to do, not what they should not do.
- The policy must include consequences – what an operator or staff will say or do – if a child does not comply with the behaviour expectations.
- The operator must post the policy and give it to all parents.
- Operators of centres must also give to the policy to all staff.

Related regulations

⇔ 23(4): Physical punishment and verbal put-downs or yelling are abuse and will not be tolerated.

How to...

- ✓ Behaviour policies have changed a lot from the days when they focused largely on eliminating or punishing inappropriate or "bad" behaviour.
- ✓ "Modern" behaviour policies identify the behaviours that you want, how you will teach them and how you will acknowledge those behaviours when children display them.
- ✓ Establish behaviour policies that set expectations for the same, specific, positive behaviours for all children and all adults in all areas of the child care facility.
- ✓ Aim for a few big expectations such as, "Be kind to yourself, Be kind to others, Be kind to the environment." Under each of these big expectations you can fit smaller expectations such as taking turns, keeping hands and feet to self during circle time, and so on. (See Resources, Example of positive behaviours expected of children.)
- ✓ Teach children what the expected behaviours actually look or sound like – e.g. what does hands and feet to self look like in circle time, what does it look like in rest time, what does use an indoor voice sound like, etc.
- ✓ It is important to acknowledge expected behaviours when children display them, especially for behaviours that are new or difficult for children. Simple statements will do, "Thanks for putting your juice box in the recycling," or "I noticed you worked really hard today to keep your hands and feet to yourself during circle time." Be specific. "Good job," is not enough.
- ✓ Aim to positively acknowledge or reinforce expected behaviours at least four times as often as you acknowledge inappropriate behaviours.
- ✓ Consequences are not the same thing as punishment. They are the thing that you will say or do when a child does not behave as expected, and may include "punishment" – for example a time-out.
- ✓ Choose the smallest consequence you can that will help a child behave as expected. For example, if "a look" or verbal reminder is enough then don't go for something more serious.
- ✓ Choose natural consequences wherever possible. For example, if a child pushes others away from a piece of playground equipment, instead of waiting his turn, the natural consequence might be that the child cannot use that piece of equipment for a period of time.
- ✓ Choose age-appropriate consequences. Using the same example as above, the period of time that a child has to refrain from using the piece of equipment would be longer for an older child than it would be for a very young one.
- ✓ Get training, or provide staff training in how to promote and reinforce the behaviours you want children to have, or ask the Regional Consultant to help.

Resources

ECERS-R
Interaction: 31 Discipline

Meeting the Challenge: Effective Strategies for Challenging Behaviours in Early Childhood Environments
Order from www.cccf-fcsge.ca
> e-Store

Well Beings: A Guide to Health in Child Care (3rd edition)
Chapter 12: Children's Emotional Well Being
> The philosophy of child guidance
> Practicing preventive guidance techniques
> Guidance interventions
Order from www.caringforkids.cps.ca
> Bookstore

Section Resources

The World is the Children R8-1
Helping Children Respect and Appreciate Diversity R8-2
Respecting the Children in Our Care R8-3
The Child's Rights in a Preschool Setting.......R8-4
Problem Solving Skills: Enhancing Children's Resilience.................... R8-5
Resolving Conflicts – Promoting Peace R8-6
When Your Child Misbehaves: Tips for Positive Discipline R8-7
Guiding Your Child with Positive Discipline ...R8-10
How to Use Time-out R8-13
Time-out or Time-in? How to Encourage Good Behaviour R8-15
Helping Young Children Tell the Truth R8-17
Tips for Parenting Children with Challenging Behaviour R8-18

Example of positive behaviours expected of children

	Circle Time	Outdoor Play	Lunch/ Snack	Washroom	Rest Time	Free Play	Cubby Area
Be Kind to Yourself	Hands and feet to self Use an indoor voice Wait your turn	Take turns Share toys Try new things	Wash hands Keep food on the plate	Tell the teacher when you need to go Wash hands	Stay on your mat Hands and feet to self	Take turns Share toys Try new things	Hang up your things Keep boots and shoes tucked away Walk
Be Kind to Others	Hands and feet to self Listen	Take turns Share toys	Eat your own food Leave nuts at home	Put the seat up and down Tell the teacher if there's a spill Wash your hands	Stay quiet Hands and feet to self	Take turns Share toys	Wear and use your own things
Be Kind to the Environment	Wear indoor shoes	Put litter in the garbage	Put litter and recycling in proper bins	Flush the toilet Put litter in the garbage		Put litter and recycling in proper bins	Remove boots and shoes Wear indoor shoes

REGULATION 23(4)

Unacceptable Behaviour by Staff, Volunteers or Children

An operator shall ensure that no child attending the child day care facility:

(a) is subjected to any form of physical, verbal or emotional abuse or harm by another child, a staff person or a volunteer; or

(b) is denied or deprived of any physical necessity by another child, a staff person or a volunteer.

Why

◆ To prevent abuse of any child by staff, volunteers or other children.

What it means

☞ The behaviours in the shaded box are examples of abuse, or abusive behaviours.

☞ The operator must not abuse any child, and must not allow any staff member, volunteer or child to abuse a child; the operator must not tolerate *any*:

- physical punishment such as hitting, pinching, pushing, shaking or squeezing,
- verbal abuse such as yelling,
- emotional abuse such as name calling or being told, "You're stupid,"
- withholding of a physical necessity such as food, water, or clean clothing.

☞ Disagreements between children are usually not abusive – they simply reflect immaturity and the lack of skills to resolve disagreements without yelling, pushing, etc. These situations need to be seen as "teachable moments" to help children learn to deal with disagreements and frustration in an appropriate way.

☞ Abuse of a child by another child or children is also known as bullying. Bullying is behaviour that happens over and over, on purpose, and is meant to hurt the targeted victim. There are many forms of bullying – physical, verbal, social, cyber, racial, sexual. Both the targeted victim and the bully need help, such as from a counsellor, to work through their feelings and reasons for behaving the way they do.

Related regulations

⇔ 10(2): Anyone working in a child care facility who suspects child abuse must report it to a Child Protection Worker.

How to...

✓ Set clear expectations for the way you want staff and volunteers to treat children, as per Regulation 23(1).

✓ Set clear expectations for the way you want children to treat each other, as per Regulation 23(3).

✓ Set clear expectations for staff and volunteers that abusive behaviours will not be tolerated.

✓ Establish procedures for dealing with staff or volunteers who abuse a child, such as:

- dismiss any staff member or volunteer who uses physical punishment, or who verbally or emotionally abuses a child, or withholds any physical necessity,
- report the incident to a Child Protection Worker who will determine what additional follow-up is required,
- explain the incident to parents and without naming names assure them that the situation is being addressed and won't happen again.

✓ As soon as possible, inform the Regional Consultant of any abuse of a child by a staff person or volunteer so that the Consultant:
- is aware of the situation and your actions,
- can provide support, information or other help, and
- is not taken by surprise with a phone call from social services or an upset parent.

✓ Establish procedures for dealing with a child or children who abuse (or bully) another child.

✓ Remember that some behaviours, such as hitting a child, are abuse when committed by an adult, but they are not usually abuse when committed by a child. They are part of growing up, learning how to behave and deal with emotions such as anger in an appropriate manner.

✓ Understand that if a child is being bullied both the victim and the aggressor need help.

✓ Ask a Child Protection Worker or mental health worker to talk to staff about how to recognize and respond to abuse of a child by another child.

Resources

Meeting the Challenge: Effective Strategies for Challenging Behaviours in Early Childhood Environments
Order from www.cccf-fcsge.ca
> e-Store

Section Resources
Physical Punishment – It's Harmful and It Doesn't Work R8-19
Fear and Loathing: A Guide to Bullying Behaviour R8-20
Bullying R8-21

RESOURCE SHEET

Canadian Child Care Federation

#69

The World is the Children

Raising young children's awareness, understanding and acceptance of diversity starts with exposure. The children and families participating in child care settings are an excellent reflection of the multicultural make-up of Canadian society. By involving children and families in recognizing and celebrating their heritage and identity, we can foster appreciation of the diversity of our world.

Exposure

- Direct contact, food, pictures, implements, music, customs, and clothing can all reflect diversity.
- The key is to integrate this exposure rather than highlight it. For example, child care environments and resources can be set up to include diversity within everyday routines and learning activities, allowing all children to feel some familiarity and experience exposure to diversity within the environment.
- Celebrating different cultures' special occasions provides opportunities for exposure, but focusing on a specific culture or only showing its "exotic" aspects sets apart this culture and the children who identify with it.

Identity

- Children's awareness of their own everyday and special occasions cultural practices develops a strong sense of identity and self-esteem.
- Self-esteem enhances children's abilities to understand and appreciate the cultures of their friends.

Family members can help their children recognize and appreciate the home culture(s) and traditions by...

- explaining to them how and why things are done in a particular way
- telling stories about when the adults in the family were young
- reading and singing to them in the home language
- taking them to cultural events in the community

Caregivers can show that they value each child's home culture by...

- talking to family members to find out what is important to them for their child's care and learning
- adding materials and activities to the program based on information from families and which reflect the various cultures within the community. Books, posters and play materials reflecting the diversity of cultural and ethnic backgrounds contribute to a welcoming and inclusive environment.
- learning and teaching words for greetings and goodbyes in various languages. Validating home language is an important part of respecting culture.
- providing familiar food and making routines such as nap time and toileting comfortable for each child
- celebrating occasions that are special for each family
- reflecting all home cultures in early childhood education programs helps majority culture children feel comfortable with minority cultures, helps children from minority backgrounds feel familiar and comfortable in more than one cultural setting, and promotes understanding, acceptance and respect for human diversity.

It's easy to create an inclusive environment. Consider these points when choosing materials and resources:

Cultural Diversity: Show similar activities, items or concepts across cultures as an example of "many ways to be."

Racial Balance: Use photographs and other human images that represent children and families of diverse racial origins. Avoid cartoon-style images.

Linguistic Diversity: Label materials in more than one language and script.

Family Diversity: Reflect all the possibilities of family groupings such as single parent, extended, blended, gay, adoptive, bi-racial, etc.

Gender Balance: Avoid sex stereotypes. Be sure that girls and boys are represented in both traditional and gender-free roles and activities.

Socio-economic Conditions: Avoid comparing people in advantaged socio-economic circumstances with people in disadvantaged circumstances. Also avoid stereotyping any group as impoverished and poorly clothed.

Special Needs: Include children and adults with visible special needs, such as self and others, families and transportation.

Variety of Settings: Include city, small town, village and rural settings when depicting homes and communities. Depict Canadian settings wherever possible.

Comparisons: When making comparisons it is important to make them within the same context. For example, compare everyday with everyday (e.g. everyday dress in Canada with everyday in Kenya), traditional with traditional (e.g. traditional Canadian meal with a traditional Vietnamese meal), and exotic with exotic (e.g. rituals of the Haida with rituals of the Scots), rather than mixing them within one poster, book, or other visual material.

This resource was developed by the Westcoast Multicultural and Diversity Services (WMDS) team and Deborah MacNiel, program director of WMDS, Westcoast Child Care Resource Centre, Vancouver, B.C. WMDS has created multicultural kits to meet the needs of those looking for resources to enhance diversity within their early childhood program. These kits are comprised of materials selected with a view to gender, cultural and racial diversity. Kits include: Diversity, Feelings, Festivals of Light, Friends, Music in the Rain, Peace Making, Skin Tones, and Welcome to Child Care. To order, contact WMDS: phone (604) 709-8366; fax (604) 709-5662; e-mail: wmds@westcoast.org. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the Canadian Child Care Federation, 383 Parkdale Ave., Suite 201, Ottawa, Ontario, K1Y 4R4, Phone (613) 729-5289 or 1 800 858-1412. Fax (613) 729-3159. Email: info@cccf-fcsge.ca. Website: www.cccf-fcsge.ca. *© CCCF 2003*

RESOURCE SHEET

Canadian Child Care Federation

#35

Helping Children Respect and Appreciate Diversity

In Canada today, families come from many different backgrounds and reflect a wide variety of cultures, languages, life experiences and lifestyles. This trend has continued into the new millennium, making diversity a key dimension of our past, present and future. Given this reality, children are likely to live and learn with people who may be very different from them. To prepare children for life in a diverse society, and to help protect them from bias and discrimination, families and teachers can encourage children's positive feelings about themselves while fostering understanding and acceptance of differing beliefs, values and traditions.

Learning about similarities and differences

We want to promote positive attitudes and behaviours. But when and how can we help children learn about human similarities and differences? Derman-Sparks suggests that we begin in the toddler years. Our words and actions in support of diversity will differ depending on each child's "age and stage," yet some common principles and strategies apply throughout the early years:

- Help children feel good about themselves by giving them positive encouragement about who they are, what they look like and what skills they are learning. This can be done without making comparisons to others. Positive self-identity does not have to be at someone else's expense.

  "What beautiful brown skin and brown eyes you have."

  "I really like the picture you made."

  "I enjoy when we talk together and you tell me about your thoughts and feelings."

- When discussing diversity, stress human similarities first, then help children appreciate people's differences.

  "Everyone needs food, shelter, friendship and love – but people have many different ways of meeting their needs. Our family's way is just one way. If we try out other choices, we might enjoy them just as much as what we're used to. People have all sorts of ways of doing things that are different and interesting – it would be boring if everyone did exactly the same things!"

- Families and teachers can provide children with lots of positive examples of human diversity. Select books, pictures, toys and games showing people of different races, all ages, both sexes and differing abilities as capable and involved in all types of activities. Through your words and deeds, model interest in a variety of people and in differing beliefs, behaviours and customs.

  "I've never tried sushi before; here goes!"

  "I wonder why our neighbour has those red banners beside her door – let's ask her."

  "We've never celebrated Halloween, it's not part of our culture. Let's ask your teacher more about it."

- To help foster critical thinking about bias, encourage children to consider what is "untrue" and "unfair."

  "How do you think you'd feel if other children wouldn't let you play just because of how you look, or what you wear or how you talk?"

- Help children to understand their rights, to make choices and to act in ways that reject bias.

  "If someone calls you a name that hurts your feelings, you can tell them they're wrong and they shouldn't do that. You can ask the teacher for her help if anyone does that to you, or if you see someone doing that to somebody else."

These examples suggest ways to support anti-bias learning in young children. As with all other learning, repetition is important. Children will need many opportunities, over and over again, to explore similarities and differences, to try out new experiences from different traditions, to meet and get to know people from different backgrounds, and to ask questions – even embarrassing ones that we might not have easy answers for!

We don't need to have "all the answers ready" before discussing anti-bias topics. Our own positive self-identity, our interest in, curiosity about and respect for others, and even our ignorance or misunderstandings, are all part of the journey toward honouring diversity. As children first watch and then join us on this journey, they will gain the attitudes, knowledge and abilities they need to respect and appreciate diversity – essential skills for us all.

References

Chud, Chud & Ruth Fahlman (1995). *Honouring Diversity Within Child Care and Early Education: An Instructor's Guide.* Victoria, B.C.: Open Learning Agency, Ministry of Skills, Training and Labour. ISBN 0-7718-9429-5.

Derman-Sparks, Louise et al (1989). *Anti-Bias Curriculum Goals.* Washington, D.C.: NAEYC.

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RESOURCE SHEET

Canadian Child Care Federation

#30

Respecting the Children in Our Care

I show respect when:

- I listen to what a child has to say.
- I take time for a child when I am very busy.
- I play with the children.
- I recognize the children's accomplishments.
- I allow the children to settle disputes between themselves.
- I listen to a special song with the children.
- I show interest in a child's project.
- I make eye contact with each child.
- I encourage the children to express different viewpoints.
- I allow the children to make choices.
- I let the children have privacy.
- I consider each child a unique individual.
- I call the children by their names.
- I encourage independence.
- I respond to the children's questions.
- I do not interrupt a child who is talking.
- I respect a child's choice of friends and play equipment.
- I allow the children to make mistakes.
- I am flexible.
- I let the children disagree.
- I care for the children's property.
- I allow transition time.
- I listen to a child's problem and realize how upsetting the situation can be for him/her.
- I talk to the children as people.
- I give each child a chance to communicate.
- I ask a child for his/her solution to a problem.
- I value the children's opinions.
- I remember that play is of great importance in each child's life.

I am disrespectful when:

- I do not take a child's opinion seriously.
- I avoid dealing with an issue that a child feels needs immediate attention.
- I walk away from a child while he/she is crying.
- I do not stop to listen.
- I respond with "uh-huh." I use a "baby-talk" tone of voice with younger children.
- I use angry words when I am under stress.
- I cut a child's conversation short.
- I finish tasks for the children in order to hasten time.
- I forget to follow through on something that I promised.
- I answer questions for the children.
- I behave impatiently.
- I respond to a child sarcastically.
- I shout.
- I force a child into a situation in which he/she is uncomfortable.
- I set my expectations too high.
- I rush the children.
- I call the children names (e.g. stupid).
- I become frustrated because the children's needs interfere with my daily schedule.
- I focus on children's bad behaviours.
- I belittle the children's feelings.
- I sneak up on a child who is doing something wrong.
- I ignore the children.
- I stop a child who is really interested in completing a project.
- I don't allow a child to explain why or how a friend got hurt, or how an accident occurred.

Adapted from an article by Stacie G. Gogin (1989), entitled "How Well Do We Respect the Children In Our Care?" in ***Childhood Education****, vol. 66, p. 71. Adapted with the permission of S.G. Gogin and the Association for Childhood Education International (ACEI). Reprinted 2001. Permission is not required to make photocopies of this resource sheet for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the Canadian Child Care Federation, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Tel 1 800 858-1412 or (613) 729-5289. Fax (613) 729-3159. Email cccf@cfc-efc.ca. © ACEI 1989*

RESOURCE SHEET

Canadian Child Care Federation

#3

The Child's Rights in a Preschool Setting

Introduction

"By setting out the rights of children, one can determine on an on-going basis whether children's needs are being met. Children's rights should be sufficiently elaborated so that the family and the community will have certain rights they can insist upon in seeking services for their children."*

** The term preschool refers to all group settings for children five and under.*

Emotional Rights

A child in the preschool setting shall be entitled to the right to:

1. encouragement to help foster a sense of self-esteem
2. opportunities for independence, success and fun
3. have his/her feelings fully accepted whether negative or positive
4. freedom to develop his/her own unique creativity
5. a sense of order, routine and consistency
6. realistic expectations, clear limits and positive guidance
7. opportunities to meet special individual needs
8. respect for individual ethnic and cultural differences, and a culturally integrated curriculum that stresses pride in each child's own heritage as well as pride in being Canadian
9. special attention for children with English as a second language
10. courtesy and support for his/her parents
11. opportunities for input from his/her parents
12. access for his/her parents to parent education relating to child growth and development and parenting skills.

Social Rights

A child in the preschool setting shall be entitled to the right to:

1. play
2. freedom to interface with peers along with wise adult intervention
3. companionship
4. an environment in which a cooperative spirit is encouraged
5. opportunities for group experience
6. know the rules
7. discipline and guidance with encouragement toward self-responsibility for actions
8. clearly conveyed boundaries that are enforced and followed through with consistency
9. constructive criticism of inappropriate behavior
10. appeal decisions
11. flexibility
12. choose solitude
13. express his/her ideas, views and opinions and to have real input into the program
14. freedom from pressure/coercion to be busy and/or participating at all times
15. ample play materials to alleviate sharing problems
16. teachers who serve as good role models
17. freedom from sex-role stereotyping
18. teachers who are sensitive to his/her individual developmental needs.

Intellectual Rights

A child in the preschool setting shall be entitled to the right to:

1. a well-qualified, thinking teacher who is warm, practical, and involved, and has patience and a sense of humour while maintaining a professional approach
2. a quality education geared to his/her developmental level based on learning through play
3. a varied and challenging program in which he/she is exposed to thorough coverage of all the traditional curriculum areas: science, math, social studies, language and literature, music, art and physical education
4. an opportunity to explore in depth an area in which he/she has shown a real interest
5. a balance of individual, small group, and large group learning activities
6. a program that incorporates spontaneous self-chosen play exploration and some teacher planned and organized activity
7. a comfortable, relaxed atmosphere conducive to positive learning
8. every opportunity to be intellectually challenged to progress at his or her own rate and to reach his/her fullest potential.

Physical Rights

A child in the preschool setting shall be entitled to the right to:

1. close supervision to ensure safety at all times
2. comforting, when necessary
3. freedom from physical or psychological abuse
4. privacy when toileting, if desired
5. active and quiet individual and group play opportunities
6. conditions that promote good health: (e.g. sanitary conditions; good nutrition etc.)
7. a comfortable, inviting, spacious playroom with all the standard interest areas: block corner, playhouse, science area, library, music corner, art area, large muscle equipment
8. a well-designed, aesthetic playroom set up to provide an enriched sensory experience but that is not overstimulating
9. adequate playspace outdoors adjacent to the playroom, which has climbing, digging, and running space, and is aesthetically pleasing
10. private quiet spaces for play
11. a large open space indoors, if possible (e.g. gym or hall)
12. comfortable space for sleeptime, if applicable.

The above material was written by Mr. Justice Berger in Social Work, Spring 1979, and adapted by the British Columbia Preschool Teachers' Association from ***The Child's Rights in a Preschool Setting: A Position Paper, 1981****. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the Canadian Child Care Federation, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 or 1 800 858-1412 Fax (613) 729-3159 Email cccf@sympatico.ca Website www.cfc-efc.ca/cccf.*
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RESOURCE SHEET

Canadian Child Care Federation
Leaders in Early Learning

#90

Problem-Solving Skills – Enhancing Children's Resilience

Young children need support to develop skills and abilities that will help them solve problems, deal with conflict and bounce back from disappointment. These are life skills that build a child's self-esteem, a sense of competence and contribute to social and emotional well-being. When children have relationships with responsive adults who model a calm, flexible approach to handling life's challenges, they learn by example how to face their own frustrations and setbacks.

Critical Abilities and Resilience

Research shows several critical abilities that help us develop resilience:

- **Being in charge of our emotions** – keeping calm in stressful situations so we can express our feelings in a way that will help rather than hurt the situation;
- **Controlling our impulses** – stopping to think before we act, and finding ways to wait, even though we want something right now;
- **Analyzing the cause of problems** – figuring out the "root" of the problem;
- **Empathizing with others** – understanding what it's like "to walk in their shoes;"
- **Being a "realistic" optimist** – seeing the situation "as it is" and at the same time, keeping a bright outlook by doing what we can to make the best of it;
- **Believing in our competence** – having faith in our ability to tackle life's problems and bounce back;
- **Reaching out** – asking for help when we need it, offering assistance to others and taking opportunities that present themselves.

Tips to help children develop resilience

- *Talk "out loud" when facing daily challenges.* "I can't get the lid off the paste jar. This is frustrating! I'm going to take a few deep breaths and try one more time. There! I did it. Sometimes we just need to calm down a bit when we are having trouble."
- *Offer a different point of view.* Simon sighed and put the scissors back on the table: "I'm so stupid. I can't even cut anything." His mom gently replied, "You're not stupid. Lots of kids have trouble using scissors at first. You just need a little practice. Remember how proud you felt when you practiced and learned to kick the soccer ball."
- *Help children see that many disappointments and setbacks are temporary* and don't have to affect their whole day. For example, when a child says, "I never get to play with Kalem. Now my whole day is ruined," acknowledge his feelings, then gently help him gain perspective. "You really wanted to play with Kalem. It's disappointing because you had so much fun together this morning. Let's get you started on something else that will be fun."
- *Regularly encourage children to talk about the events in their day.* Some children will initially focus only on the negative things that happened to them. Acknowledge the child's feelings about the hard parts of their day and then encourage them to look for the positive parts. Finding these "goodtime nuggets" is one way children can develop a sense of realistic optimism.
- *Give children plenty of opportunities to explore what's causing the problem, how they feel about it and what they can do about it.* Initially, help them to identify the problem and think about possible solutions. "There is a problem here because you both want to play with the same toy. That's making you feel pretty frustrated. Let's think of some ideas to solve the problem."
- *Step back.* Once you've given children structure and guidance to solve problems, it's important to let them try out their solutions and see the results for themselves.
- *Model that making mistakes is simply part of the learning process.* Help them persevere in their problem-solving efforts by showing them that it often takes time and effort to find solutions that work.
- *Foster an "I can do it" attitude in children by giving them accurate and specific feedback* that describes their effort and accomplishment, e.g., "You decided to take turns with the fire truck. That's a good solution. Now you both feel happy."

For more information about promoting children's resilience, visit www.reachinginreachingout.com.

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RESOURCE SHEET

Canadian Child Care Federation

#55

Resolving Conflicts – Promoting Peace

Conflict has many negative connotations, evoking images of violence, aggression, hatred, turbulence and even war. Parents and caregivers value peaceful environments and want their children to lead conflict-free lives. Yet a certain amount of conflict contributes to children's social development, problem-solving skills and emotional security. Children learn to become peacemakers when they deal effectively with the inevitable conflicts in their families, child care centres, schools and neighbourhoods. If children's lives were totally devoid of conflict, they would not learn how to become peacemakers. Parents and caregivers can take the following concrete steps to help children learn the conflict resolution skills needed to create a more peaceful world.

Six Steps to Successful Conflict Resolution

1 Focus and calm children

- Keep children involved in the conflict together with you, while you soothe and focus them.
- Comfort children who are distraught.
- Wait for children to be moderately settled before you begin the conflict resolution process.

2 Give attention to each child

- All children in the dispute — "victims" and "perpetrators" — need to know that you are there to assist them equally.
- Children who are the "victims" need your attention first.

3 Help children to understand and state their problem

- Help children understand that the conflict is a shared problem, with two sides.
- Ensure that each child has a chance to state their perceptions of the problem, including the causes and the effects. What happened (effects)? and why (causes)?
- Help children to examine the entire problem. Children often know what happened (the effect, such as being kicked), but may not know why this happened (the cause, such as a retribution for earlier name calling).

4 Let children negotiate a variety of solutions to the problem

- Allow children to propose a variety of suggestions for solving the conflict.
- Consider the ages and developmental levels of the children. Very young children will probably lack the cognitive flexibility and language skills necessary for resolving their conflicts alone.
- Parents or caregivers need to take an active and directive role when helping very young children resolve conflict. Ask children how they think that they can solve the problem. If the children offer no suggestions, provide some and gauge their reactions.
- As much as possible, children over three years of age should be encouraged to negotiate their own solutions.

5 Empower children to reach their own solution to the conflict

- Encourage older children to reach their own solution to the conflict. Parents and caregivers can gently direct the negotiation process, but the actual solution should come from the children's own problem-solving efforts.
- Adults are often more involved in generating a solution with younger children. Ensure that young children are satisfied with the resolution.

6 Monitor mutually agreed-upon solutions

- Ensure that children follow through with their negotiated solutions.
- If the negotiated solution is not working, begin the conflict resolution process again.

Remember, the end goal of conflict resolution is empowering children to reach their own solutions.

Violence is the outcome of extreme conflict situations. Violence in children's disputes can be avoided when parents and caregivers use the six conflict resolution steps *before* the conflict escalates to the extreme. Children who learn to negotiate in a peaceful and competent manner develop valuable communication skills necessary for their future social problem-solving.

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When your child misbehaves

Tips for positive discipline

Most parents learn quickly that the best way to deal with challenging behaviour is to prevent it. But despite a parent's best efforts, there will be times when your child acts in a way that is not okay. The behaviour might be dangerous (to your child or others), not appropriate, or break a rule that you've clearly set out.

Discipline is a form of teaching your child. How you discipline will depend on your child's age, stage of development, personality and many other factors. Discipline:

- Protects your child from danger.
- Helps your child learn self-control and self discipline.
- Helps your child learn a sense of responsibility.
- Helps instill values.

The Canadian Paediatric Society **strongly discourages** the use of physical punishment on children, including spanking.

What makes discipline work?

Your child needs to see discipline as being fair. He should be able to respect you as the parent and also the rights of other people.

Discipline that's not consistent (the same whenever possible) is confusing to children, no matter how old they are. If you are inconsistent in the way you discipline your children, they will find it hard to understand.

As a parent, you have a unique bond with your child. If you discipline your child with respect and make sure that it's consistent and fair, you'll have lasting positive effects.

How can I help my child learn good behaviour?

- Offer praise and affection regularly.
- Know what to ignore.
- Plan transitions from one activity to the next, and talk to your child about them so he knows what to expect.
- Offer limited and realistic choices you can live with.
- Accept mistakes.
- Be a role model.

Let your child know what you expect and the rules for good behaviour. Remind her regularly about rules and limits. A good limit:

- Is appropriate to your child's age and stage of development.
- Helps your child learn self-control.
- Protects your child's and others' safety.
- Is explained using simple language.
- Is enforced firmly, respectfully and kindly.

How can I deal with misbehaviour?

Redirect to another activity

- Redirection—when a bad activity is changed to a good activity—is useful for toddlers and sometimes older children. Say your toddler wants to play with a breakable glass object on a hard kitchen floor—redirect her to a safe activity by trading the breakable object for a ball.
- Explain with words that teach her what you don't want her to do.

Use logical consequences

- When redirection doesn't work, apply clear consequences for the action. Consequences should be related to the behaviour. If your older child throws food on the floor, make sure she helps you clean up the mess. When the mess is cleaned up, the consequence is over.
- When there isn't a clear consequence, you can take away a privilege. For young children this must happen right away. For example, a child who is playing too roughly can be made to play away from other children for a short time.

Encourage problem-solving

- Allow your child to help find a solution to misbehaviour, and she will be more likely to make it happen.
- Solving problems helps your child learn about the consequences of her actions.

Use time-outs
Time-outs are best for children who are at least 2 years old. Try counting to 3 slowly and without raising your voice before you give a time-out. Sometimes this will help your child change his behaviour.

- Time-outs should take place in a safe, quiet corner or chair, away from others and without distractions. For an older child, it could mean going to his room for a quiet time.
- Briefly explain the reason for the time-out - "No hitting" - and send your child to the designated spot.
- If he refuses, take him by the hand or carry him.
- Time-outs should last 1 minute for every year of your child's age, to a maximum of 5 minutes. Use a clock such as an oven timer. This way your child knows that the end of the time time-out depends on the clock and not on you.
- If he is having a temper tantrum, consider not starting the clock until your child settles down.
- During time-out, ignore your child, even if she shouts or apologizes.
- When the time-out is over, clear the air by offering a new activity. Don't lecture about the behaviour.

What do I do if my child throws temper tantrums?
Tantrums are a normal part of child development. They are caused by strong negative emotions that your child isn't able to control or express in other ways.

You can prevent some tantrums by:

- Paying attention to good behaviour.
- Reducing triggers whenever possible, such as being hungry or overtired.
- Distracting and redirecting with "Let's read a book" or "Let's have a snack."
- Asking your child to express herself in another way: "Do you feel angry?"

Tantrums can often be avoided or shortened by:

- Stepping in before your child loses complete control.
- Speaking in a calm voice and acknowledging her frustration. For example: "It is okay to be angry, but you can't hit."
- Helping her work out her problem.

When a tantrum does occur:

- Ignore the behaviour.
- Watch from a distance to keep your child safe. Move furniture, toys or other children out of the way.
- If your child becomes so upset and out of control that he might hurt himself or others, you should hold him, using just enough strength to restrain him. Do this carefully to avoid hurting him. **At no time** should you spank or use any other physical punishment.
- When the time-out is over, offer a drink of water or a face wash.
- Redirect to a new and interesting activity.

For more information:

- Guiding your child with positive discipline
- How to use time-out

Reviewed by the CPS Public Education Subcommittee and the Psychosocial Paediatrics Committee

Posted: April 2008

This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.

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Guiding your child with positive discipline

Disciplining your child is one of the most important things you'll do as a parent. It is also one of the hardest. Healthy discipline is part of a comforting family environment.

Positive discipline teaches and guides children. It helps your child grow up to be a happy, caring person who has:

- Self-esteem (feels good about herself).
- Respect for others.
- Skills to help solve problems and cope with life.

How you discipline your child will depend on age, stage of development, personality and many other factors, but there are some basic ideas to help guide you.

The Canadian Paediatric Society **strongly discourages** the use of physical punishment on children, including spanking. Physical punishment can physically and emotionally hurt your child. There are other, more effective ways to discipline children.

How do I set the stage for good behaviour?
Good behaviour isn't just luck. There is a lot that parents can do to foster it. It helps to know what affects your child's behaviour.

External forces are things that families have some control over, including:

- **Physical space:** If it's calm, comfortable and organized, your child will be more likely to behave well.
- **Materials:** Toys that are right for your child's age will excite and entertain him.
- **Routine:** Organize your day with routines so your child knows what to expect. Include planned and unplanned activities as well as quiet time and active play. Try to spend part of every day playing outside.
- **Time for sleep**: Naps are important for young children and should be part of your routine. As much as possible, keep bedtimes and wake times the same.
- **Food:** A hungry child can be a cranky child. Keep regular mealtimes and offer healthy snacks between meals.
- **Peers:** How your child's friends treat him will affect his own behaviour.
- **Television and other media**: Limit your child's screen time. While high quality children's shows may promote positive behaviour, violent shows and games may make your child feel anxious and encourage aggressive behaviour in some children.

Internal forces are things you can't control**.** Your child has her own temperament (a built-in style of behaviour) that affects how she reacts to events and people in her world. She also has a unique personality that you will come to understand over time. You can support your child by:

- Respecting your child's feelings and thoughts.
- Respecting your child's ideas and contributions.
- Being honest with your child.
- Listening when your child talks.

How does developmental stage affect my child's behaviour?
Your child's behaviour has a lot to do with his age and stage—what he can do, what he is learning,

how he understands and experiences the world around him. If you know what to expect from your child as he grows, you can discipline him in a way he can understand.

	Normal behaviour	What parents can do
Infant Under 1 year of age	• Cries to make needs known. • Gets into everything. • Learns by touch, taste, smell, sight and sound.	• Let your baby learn to self-soothe. Comforting your baby when he is sick, hurt or upset—rather than ignoring or brushing off the feeling—will help him learn how to self-soothe. • Say no when your baby does something you don't want him to, like biting you. • Don't use techniques such as time-out or consequences.
Young toddler 1 to 2 years	• Is starting to test limits as she explores her independence. • May be fearful when separating from you. • Will learn to say no. • Curious and wants to explore. • Too young to remember rules.	• Create a safe environment that your child can explore. • Give your child attention when he is being good. • Use redirection, with a brief explanation ("No—hot.").
Older toddler 2 to 3 years	• Is becoming more independent. • Becomes frustrated when you set limits, and will show it. • Becomes very possessive, doesn't understand the concept of "mine" versus "someone else's." • Is easily distracted.	• Some frustration is good so that your child can start to learn how to problem solve, but remember there are situations your child won't be able to handle. • Give choices when you can. • Use time-out to discourage major unwanted behaviours, like hitting. • Explain briefly why the behaviour is unacceptable.
Preschooler 3 to 5 years	• Should be able to better accept limits, but won't always make good decisions. • Tries to please and wants to feel important. • Can follow simple instructions. • Can make choices. • Asks lots of questions. • Independent. • Tries to tell other children what to do. • May tell on others.	• Needs clear and consistent rules. • Set an example through your own actions. • Time-out continues to be a good technique. • Small and appropriate consequences also work. • Approval and praise will encourage your child to do good things. • Long lectures do not work.

What can I do to promote good behaviour?

- Spend time alone with your child each day.
- Be comforting. Give your child hugs, cuddles or a gentle pat on the back.
- If your child is sad or angry, respect her feelings. Try to understand why she is sad or angry.
- Do things that are fun. Laugh together.
- If you make a promise, do your best to keep it. It is important that your child trusts you,

and she will want you to trust her, too.

- Always look for opportunities to praise your child for good behaviour.
- Ignore little things. Before you raise your voice, ask yourself, "Is this important?"

Additional reading

No More Misbehavin': 38 Difficult Behaviors and How to Stop Them
Michele Borba

Kids are Worth It!: Giving Your Child the Gift of Inner Discipline
Barbara Coloroso

How to Behave So Your Child Will, Too!
Sal Severe

Raising Your Spirited Child
Mary Kurcinka

The Difficult Child
Stanley Turecki

Your Defiant Child: 8 Steps to Better Behavior
Russel A. Barkley, Christine M. Benton

For more information:
When your child misbehaves: Tips for positive discipline
How to use time-out

Reviewed by the CPS Public Education Subcommittee and the Psychosocial Paediatrics Committee

Posted: April 2008

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How to use time-out

What is a time out?
When your child is doing something that is unacceptable, time-out helps stop it and change the situation. Time-out sends him away from the trouble spot, and into an isolated area such as a room, chair, quiet corner, hallway, crib, or playpen. It's best used with children aged 2 to 12 years.

How should you do time out?

- Do not give endless warnings and empty threats.
- Do not shout.
- Time-out should occur in a noninteresting yet safe place. Your child should not be allowed to watch television or to interact with other people when in time-out – including you.
- Send your child to the time-out chair or room. If he doesn't go there immediately, lead him by the hand or carry him.
- When you're putting your child in time-out, briefly explain what she has done so she can connect the behaviour with the time-out. A simple phrase such as "No hitting" is enough. Do not lecture and do not spank. Time-out is not the time for teaching or preaching.
- Do not negotiate with a child in time-out. Completely ignore him, even if he shouts, bangs or apologizes.
- When time-out is over, it is over. Create a fresh start by offering a new activity. Don't discuss the unwanted behaviour, just move on.

How long should time-out last?
Time-out should last 1 minute for each year of your child's age. It should not last for more than 5 minutes.

You can use a kitchen timer. Make sure you put it where your child can see and hear it.

If she leaves time-out, put her back quickly and reset the timer. This teaches her that you mean what you say. Be consistent.

What about other children?
If your other children touch the timer, or tease their brother or sister in time-out, they should be also placed in time-out.

How does time-out end?
Make it clear that you are in control of when time-out ends. Go to your child's corner and say, "Time-out is over. You can get up now." Clear the air. When time-out is over, it's over. Reminders or lectures after time-out may lead to the same misbehaviour. It's better to comfort your child.

If your child repeats the behaviour that led to the time-out in the first place, repeat the whole process. If used properly, time-out will eventually work.

Remember, your child should know that time-out is directed toward the misbehaviour not him. It's important not to hurt your child's self-esteem by instilling shame, guilt, loss of trust, or feelings of abandonment.

For more information:
Guiding your child with positive discipline
When your child misbehaves: Tips for positive discipline

Recommended video:
1-2-3 Magic: Training your children to do what you want (120 min.). Ask your family resource library, call1-800-442-4453, or visit www.thomasphelan.com.

Developed by the Canadian Paediatric Society Psychosocial Paediatrics Committee

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Time-out or time-in? How to encourage good behaviour

What is a time-out?

Time-outs are a way to take your child out of a situation where he is doing something unacceptable. By sending your child away from the trouble spot to sit quietly by himself you can help stop negative behaviour like hitting a playmate or grabbing a toy out of another child's hand, and change the situation.

How can I explain time-out to my young child?

By 2 years of age, you can start to use time-outs as a tool to discipline your child. Explain what will happen if your child misbehaves by telling him simply, "If you do something you shouldn't and don't stop doing it when mommy and daddy ask you to, you'll have to go sit in time-out." Show him by pretending with a stuffed animal or doll to help him understand.

How should I use time out?

- When your child misbehaves, give a warning before sending her for a time-out. Don't shout or show emotion, and make sure your voice and your face send the same message in a calm and kind way.
- If she continues the behaviour, send her to a designated safe area such as a chair, hallway, playpen or quiet corner.
- Briefly say what she has done so she can connect the behaviour with the time-out. A simple phrase is enough, such as, "Mommy said no hitting."
- If she doesn't go by herself, lead her by the hand or carry her as you would an object, not in a "hugging" manner.
- Be consistent, but flexible too. If your 2-year-old won't sit still for 2 minutes, it's okay to sit with her or to limit the time-out to 1 minute instead of 2.
- When she is in time-out, make sure she can't watch television or interact with other people – including you. Don't negotiate when your child is in time-out. Ignore her, even if she shouts or apologizes.
- Never suggest or make your child feel as if time-out means that you love or care for her less.

How long should time-out last?

Time-out should last 1 minute for each year of your child's age. So if your child is 2, time-out should be 2 minutes, 3 minutes for a 3-year old, and so on. Time-out should last no longer than 5 minutes.

Use a kitchen timer. Put it where your child can see and hear it.

If your child keeps getting up from the designated spot, gently pick him up and put him back without speaking or making eye contact. When you put him back, reset the timer. This teaches him that you mean what you say. Be consistent.

But remember, the point of a time-out is to calm your child down and redirect his attention, not frustrate him to the point that he forgets why he's there.

How should time-out end?

Make it clear that you decide when the time-out ends. When it's over, you can say, "Time-out is over. You can get up now." After the time-out, it's okay to repeat the rule ("no hitting"), but don't discuss it any more than that. If she hurt another person, ask her to apologize, and then create a fresh start by offering a new activity.
If your child repeats the behaviour, start the process again.

What is a time-in?

A time-in, or "catching the child being good", is used to encourage good behaviour through positive interaction and by talking with your child when he is misbehaving.
Here are some examples of how to use them:

- Giving your child lots of hugs and praise when she does something you like, especially if it's the opposite of what sometimes gets her into time-out. For example, if she gets time-outs for hitting her sister, praise her for being a good sister when you see them getting along.
- Change the activity or encourage your child to have quiet time by herself when you see a situation starting to get out of control.
- Help your child learn how to manage her emotions by offering a quiet cuddle and helping her talk about feelings. Teach her the words she needs. For example: "Are you mad/sad/afraid?")
- Teach your child new words or behaviours to help her move out of a situation that could be negative.
- Talk about different ways to deal with the same kind of problem next time.

For more information from the CPS:

- Guiding your child with positive discipline
- When your child misbehaves: Tips for positive discipline

Recommended video:

1-2-3 Magic: Training your children to do what you want (120 min.). Ask your family resource library, call1-800-442-4453, or visit www.thomasphelan.com

Reviewed by the following CPS Committees:
Mental Health and Developmental Disabilities Committee
Public Education Advisory Committee

Last updated: November 2011

This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.

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RESOURCE SHEET

Canadian Child Care Federation

#36

Helping Young Children Tell the Truth

Young children occasionally experiment with lying. We can help them tell the truth by responding calmly and consistently when we know they are saying something false. To be effective, we must understand their behaviour and remember that young children reason quite differently than adults.

To help young children tell the truth, adults must distinguish between a lie – a purposeful and persistent intent to deceive ("I didn't do it!") – and a young child's imagination simply escaping into the realm of tall tales and wishful thinking ("We are going to throw away the new baby. She cries too much.")

Persistent lies are built on a foundation of little lies that "worked" for the child in the past the child has learned that fantastic stories of false statements are effective ways to:

- minimize embarrassment
- avoid punishment
- gain attention
- protect self-esteem

Wishful Thinking

Upon seeing a friend's new puppy, a child may state emphatically, "I have a new puppy too!" Knowing this to be untrue, we may think the child is being deceitful when he is merely confusing fact and fantasy. If he states the wish convincingly enough, perhaps is will come true or even raise his status with peers.

When responding to wishful thinking, focus on the child's feelings rather than the facts: "Do you wish you had a new puppy too? Would that be exciting?" By allowing the child to have in fantasy what he can't have in reality, the story-telling very often subsides.

If, however, the child persists with the false statement, calmly restate the facts and again accept the feelings: "You do not have a new puppy and neither do I, but Tim does. You really wish that you also had a new puppy to play with. Tell me about the puppy you would like to have." Redirect the child and be sure he gets plenty of attention for non-puppy talk.

Persistent Denial of Observed Misdeeds ("I didn't do it!")

Frequently, deliberate denial in a preschooler is a sign the child has low self-esteem. He builds himself up by telling fanciful stories and protects his weak sense of self by denying misdeeds. If the behaviour is habitual, he needs our help.

- Remain calm. A severe scolding or punishment often results in more lying!
- Avoid setting the child up to lie (even though you know he is at fault) by demanding: "Did you do that?" His instinctive reply will be "No!" Angry adults and harsh consequences may simply frighten a child into continued lying.
- Never shame the child or imply that he is a liar. "You are lying, and you know it!" This reinforces in the child's mind that he is a liar. The more he believes this, the more he will lie. Simply state your point: "Writing on the wall is not allowed."
- Help the child break free from the role of liar. Point out his own honest statements and courageous actions: "Billy, I asked where Erin's new whistle was and you said it was in your pocket. Thank you for helping by telling the truth. You are honest and also courageous!" If the child reverts to lying remind him that you believe lying is not typical of him: "Why Billy, I'm surprised. Usually you are very good at telling us the truth. Remember when..." Before habitual lying can stop, the child must believe that deep inside he really *is* an honest person.
- Distinguish for the child the difference between his behaviour and himself. Young children often believe good people do good things and bad people do bad things, so denying a misdeed is a way of coping with the problem of wanting to be a good person.
- Meet the child's need for attention by recognizing appropriate behaviour.
- Give the child an opportunity to make amends for the misdeed (cleaning up the mess, apologizing for hurt feelings, offering to share, returning an item). This teaches "a better way" and reinforces in his own mind that he really is a good person.

Reference

Faber, A. & Mazlish, W. (1982). *How to Talk So Kids Will Listen & Listen So Kids Will Talk*. New York: Avon Books.

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RESOURCE SHEET

Canadian Child Care Federation

#48

Tips for Parenting Children with Challenging Behaviour

Challenging behaviour is any behaviour that interferes with children's learning, development and success at play, is harmful to the child, other children or adults, or puts a child at high risk for later social problems or school failure.

Parenting a child with challenging behaviour is a challenge – but it is one that parents can overcome with the appropriate strategies. This resource sheet offers ideas that have been proven to work – and which can benefit all children, not just those with challenging behaviour.

- Be sure your child knows that you love him even if you don't always like his behaviour. Every day – perhaps at bath time or when you're walking home from child care – set aside time to have fun together. Give your undivided attention, let the child choose the activity, and make sure he knows you like playing with him. These positive moments nourish self-esteem and point the way to more positive moments.

- Encourage appropriate behaviour, and minimize the opportunities for challenging behaviour. These tactics are important because in the first decade of life, every experience, positive and negative, affects the permanent wiring of the brain. You can build appropriate patterns if you anticipate trouble, prevent the difficult situation from occurring, and help your child to remember what to do instead of correcting mistakes.

- Make your home an environment where your child can succeed. Remove fragile objects, create comfortable play areas, select toys that interest him, and keep them well-organized and within the child's reach.

- Plan activities around your child's needs. If your child has tantrums when he's hungry, give him a snack before you go shopping. If you serve lunch on the kitchen table, suggest he do his puzzles on the coffee table so he won't have to put them away when it's time to eat.

- Set clear limits and enforce them consistently. Your child needs to know what you expect. Be sure you have the time and energy to carry through. If you are already late for work, it's okay to leave the Lego on the floor.

- Create routines and stick to them. Children feel more comfortable when they know what's coming next. For the same reason it helps to give advance notice of changes in activity ("You can slide down three more times, and then it's time to go home").

- Learn to recognize anxiety in your child. When your child whines, it is your cue to stop sorting laundry, give her a smile, ask if you can help and listen closely. Catching the problem at this early stage can head off challenging behaviour.

- Offer a limited choice when you see trouble coming ("Do you want your milk in the red cup or the blue one?"), and guide your child's behaviour by telling him what to do instead of what not to do ("Ask Paul if you can play" rather than "Don't grab"). Be patient if your child needs exactly the same directions an hour later – he is young, he forgets and he needs to practise.

- Put yourself in your child's shoes and try to figure out what he gets from his challenging behaviour. Does he get your attention (positive or negative)? Does he avoid something he dislikes or isn't good at? Does the atmosphere become calmer (or more exciting)? Once you know what the challenging behaviour brings your child, you can help him to get it in a more acceptable way.

- Stay calm. When things don't go smoothly, take a deep breath and count to five. By showing your child that you can handle the situation with a cool head, you become his best role model.

When Mary is Out of Control

When nothing seems to work and your child loses control, give her space to collect herself.

- Stand between her and the rest of the world – at a safe distance. Don't try to move her.
- Don't confront her. To keep her from feeling trapped, stand sideways, compose your face and don't look her in the eye.
- Don't talk. She isn't ready to listen yet.
- When she's calm, talk to her quietly. Help her to name her feelings ("You were pretty angry") and to distinguish between her feelings and actions ("It's okay to feel angry, but it's not okay to throw chairs").
- Let her know that you love her. Help her think about how she can solve the problem next time.

Adapted from ***Meeting the Challenge: Effective Strategies for Challenging Behaviour in Early Childhood Environments*** *by Barbara Kaiser and Judy Sklar Rasminsky. Permission is not required to make photocopies of this resource for public education purposes. Photocopies may not be sold. To purchase or reprint, contact the Canadian Child Care Federation, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Tel 1 800 858 1412 or (613) 729-5289. Fax (613) 729-3159. Email info@cccf-fcsge.ca. Website www.cccf-fcsge.ca* *© CCCF 2004*

RESOURCE SHEET

Canadian Child Care Federation

#82

Physical Punishment – It's Harmful and It Doesn't Work

Maria and Jason are the proud parents of 3-year-old Matthew. Before Matthew was born, his parents discussed how they would raise him – they both agreed that they wanted to bring up a respectful, well-mannered child. Lately they find that it's becoming harder and harder to deal with Matthew's behaviour. He is curious and is exploring his boundaries, but they feel that sometimes he goes too far – just last week he ran onto a busy road, he bit his baby sister's hand and he smashed a family keepsake vase.

His parents are at a loss. They both were spanked occasionally as children and they feel they "turned out fine." On a few occasions, they have slapped Matthew's hands or swatted his bottom out of anger. Each time they felt guilty but they don't know what else to do. Worse, they feel like they're resorting to this more and more and that the punishments are getting more severe.

The scenario above is a typical one reflected in many studies on physical punishment and parents' attitudes. The misgivings many parents feel around administering physical punishment are well founded. Research shows that not only does physical punishment not work, it can have detrimental effects on a child's healthy development.

What is physical punishment?

Physical punishment is an action intended to cause physical discomfort or pain to correct a child's behaviour (e.g., spanking, slapping, washing a child's mouth out with soap, denying access to needed water, food or sleep, denying a child's use of the toilet).

What are the benefits and risk factors for children's developmental health?

Three out of five studies have found that physical punishment may result in short-term compliance, however all studies agree that it is not associated with long-term compliance.

On the other hand, the risks are significant. A child's development may be affected by physical punishment in many ways. The child might

- be injured (over two-thirds of all substantiated child abuse cases took place within the context of punishment)
- experience fear, anxiety, insecurity and anger
- lose trust in the parent, impairing the parent-child bond
- experience depression, unhappiness and feelings of hopelessness
- be more concerned about being punished than how his behaviour affects others
- learn to use aggression to solve problems

Because physical punishment doesn't work and is potentially physically and emotionally harmful, parents are strongly encouraged to develop alternative, positive approaches to discipline.

What can parents do instead?

- Create environments where children can explore safely.
- Model the behaviour you want to see in your children.
- Supervise young children closely.
- Distract young children from unsafe or unwanted behaviours.
- Use words to explain and teach.
- Reward children's acceptable behaviour.
- Give children time to prepare for change.
- Plan ahead for situations that will be difficult.
- Let children know ahead of time what you expect from them.
- Respect children's need for independence.
- Listen to children's points of view and help them find ways to express themselves.
- Teach children fairness and justice.

Questions for parents to consider

- Can I improve my problem-solving skills?
- Do I try to look at things from the child's point of view?
- Should I learn more about child development?
- Are there more effective ways for me to talk and listen to my children?
- Do I behave in the way I expect my child to behave?
- Do I praise my child for good behaviour?
- How do I manage my anger? Do I understand what triggers it and how to cool off?
- Are there things my family can do to reduce stress?

Resources

CCCF Resource Sheets: Catch a kid doing good!, Creative discipline in a chaotic world, 99 ways to say "very good," Tips for parenting children with challenging behaviour, Resolving conflicts – promoting peace

Meeting the Challenge: Effective Strategies for Challenging Behaviours in Early Childhood Environments. CCCF 1999

Adapted from the Joint Statement on Physical Punishment of Children and Youth, *produced by the Coalition on the Physical Punishment of Children and Youth, 2005, and* Hitting Doesn't Work: A Parent's Guide to Positive Discipline, *prepared by the Canadian Child Care Federation for the Canadian Health Network. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase this resource sheet, contact the Canadian Child Care Federation, 201-383 Parkdale Ave., Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 ext. 234 or 1 800 858-1412. Fax (613) 729-3159. Email orders@cccf-fcsge.ca. Website www.cccf-fcsge.ca.* © CCCF 2007

RESOURCE SHEET

Canadian Child Care Federation

#66

Fear & Loathing: A Guide to Bullying Behaviour

Bullying occurs when a child is exposed, repeatedly and over time, to negative actions on the part of one or more children. It may be physical (hitting or kicking); verbal (name-calling, insults, racist comments and constant teasing); relational (gossip, ostracism); or reactive (taunting that invites a response). Bullying is most often about intimidation and an imbalance of power.

Most bullying goes unreported because victims feel that nothing will be done and they might receive greater retaliation the next time. Those who watch are afraid to report because they might lose their social status, because they tend to identify with the power of the bully rather than the weakness of the victim, and because of fears that they might be next.

A bully

- abuses power physically, psychologically or sexually
- teases, taunts and spreads rumours
- breaks another person down
- often comes from a family without a lot of supervision and where physical punishment is used
- might be really defiant with adults and prone to breaking a lot of rules

A victim

- is afraid to go to school, reluctant to get onto the school bus, avoids places such as hallways, certain playground areas and especially washrooms
- lives with varying degrees of dread, apprehension, shame and anxiety
- might experience long-term consequences and develop self-destructive tendencies
- might be passive, anxious, timid, insecure, cry easily or intentionally seek attention to make up for social deficits

Potential bullies may...

- have been bullied or abused
- have oppressive parents or siblings
- be hurting so much that they need to hurt others
- lack self-esteem and confidence
- feel inadequate or inferior and easily become jealous
- witness violence in their home
- be impulsive
- start off as observers of bullying then follow the bully's lead

Potential victims may...

- lack confidence or self-esteem
- be small for their age
- be new to the neighbourhood
- be physically different, clumsy or attention seeking
- have noticeable cultural differences
- be from either end of the socio-economic or intellectual continuum
- be isolated and insecure

If your child is a victim

- Be available for and reassure your child that you will help sort out the problem.
- Validate your child's feelings as normal.
- Let your child know it's not their fault.
- Help your child be specific.
- Believe your child. Make no value judgements.
- Never blame. Bullying is *never* the victims fault.
- Do not suggest physically fighting back... ever!
- Ask how he/she has tried to stop the bullying. Suggest possible alternatives.
- Suggest he/she play in a different, safer school area, closer to a supervising adult.
- Privately share your child's concern with school personnel.
- Remember your child might be scared or embarrassed to tell you. Be patient.
- Acknowledge to your child that name-calling *does* hurt.
- Do *not* approach the family of the other child.
- Do *not* blame the teacher or the administration.
- Offer to assist with anti-bullying initiatives at school or become a school volunteer.
- Remember, you are your child's most important teacher.

If your child is bullying

- Bullies rarely have close friends and often have difficulty getting along well with others.
- Check whether your child has more money, possessions or purchases than he/she can explain.
- Think through whether your child is or might be a bully.
- Ask yourself whether your child is imitating behaviour from your home.
- Avoid severe punishment. It doesn't work.
- Check out the fairness of your rules and limits.
- Be aware that he/she will likely deny or minimize his/her involvement.
- Do *not* lose your temper ...but *do* say that bullying is not okay.
- Get the facts and ask to be kept informed. Privately talk to the child's teacher.
- Be open and share information with school personnel.
- Use role play to teach different viewpoints.
- Acknowledge the positive side of your child.
- Seek out parenting classes or workshops.
- Don't hesitate to ask for help.

This resource was written by the young people of Child & Youth Friendly Ottawa (CAYFO) Also available from CAYFO: The School Yard Bully by Kim Zarzour. Contact CAYFO: phone (613) 244-3801; fax (613) 244-3808, email cayfo@aol.com; website www.cayfo.com. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the Canadian Child Care Federation, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 or 1 800 858-1412. Fax (613) 729-3159. Email orders@cccf-fcsge.ca. Website www.cccf-fcsge.ca. © CCCF 2003

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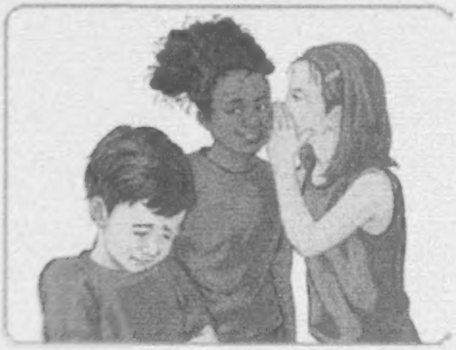
Bullying

What is bullying?

Bullying is a relationship problem. It requires relationship solutions.

Bullying is mean behaviour that happens over and over again. Bullying is done on purpose. A person who bullies wants to hurt the other person. The person who bullies has more power. He or she might be older, bigger, more popular, or stronger than the person who gets bullied. Sometimes a group of children will get together to bully another child.

There are different types of bullying:



Social exclusion is a common type of bullying

Physical bullying

- pushing, hitting, or kicking someone
- throwing things at someone
- taking or breaking someone's things
- making fun of people
- calling someone mean names
- teasing someone in a mean way
- threatening to harm someone

Social bullying

- spreading rumours
- breaking up friendships
- leaving someone out on purpose
- telling people not to be friends with someone

Cyber bullying

- taking pictures of someone without asking and posting them on the internet
- sending mean instant messages, e-mails, or text messages
- posting mean messages on social networking sites
- creating a website that makes fun of someone

Racial/ethnic bullying

- treating people badly because of their racial or ethnic background
- saying bad things about a cultural background
- calling someone racist names
- telling racist jokes

Sexual bullying

- leaving someone out, treating them badly, or making them feel uncomfortable because they are a boy or girl
- making sexist comments
- touching, pinching, or grabbing someone in a sexual way
- making crude comments about someone's sexual behaviour
- spreading sexual rumours
- calling someone mean names because of their sexual orientation

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Signs and symptoms of bullying

Children who are bullied often show a change in behaviour and/or emotions:

- not wanting to go to school
- not wanting to participate in extra-curricular activities
- anxious, fearful, over-reactive
- low self-esteem
- threatens to hurt himself/herself or others
- lower interest and performance in school
- loses things, needs money, reports being hungry after school
- injuries, bruising, damaged clothing, broken things
- unhappy, irritable, little interest in activities
- headaches and stomach aches
- trouble sleeping, nightmares, bedwetting

Children who bully may show signs that they are using power aggressively:

- little concern for others' feelings
- does not recognize impact of his/her behaviour on others
- aggressive with siblings, parents, teachers, friends, and animals
- bossy and manipulative to get own way
- possesses unexplained objects and/or extra money
- secretive about possessions, activities, and whereabouts
- holds a positive attitude towards aggression
- easily frustrated and quick to anger

Causes and Risk Factors

Children who are bullied

Children who are bullied may have few friends. Sometimes they have overprotective or restrictive parents. Children who are repeatedly bullied can become trapped in abusive relationships. They need help shifting the power dynamics so they can be safe.

Children who bully

Children who bully others often experience power and aggression from those close to them. They learn to use power and aggression to control others. These children tend to have the following in common:

- Parents may show power and aggression by yelling, hitting, or rejecting the child.
- Parents may show power and aggression with each other.
- Siblings may bully the child at home.
- The child may have friends who bully and are aggressive.
- The child may have trouble standing up to peer pressure.
- Teachers or coaches may show power and aggression by yelling, excluding, or rejecting.

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Prevention of bullying

Remain calm and supportive. Trust your child and listen carefully to what they have to say.

Ways to help the bullied child

Children who are bullied need to be encouraged to report bullying. Adults must show that they want to know about the child's experiences. It is the adult's job to make the bullying stop.

Children who are bullied need to be protected from those who are bullying them. They also need protection from the peers who support the bully by watching and joining in.

It may help to teach these children how to anticipate when bullying might occur. Then they can rehearse ways to address and avoid such situations. They should be given opportunities to make new friendships. Having one friend can really help.

They need to receive support from their parents, teachers, other adults in their lives, and their peers.

Ways to help the child who bullies

Children who bully need to learn how to:

- use their power in positive ways
- build positive relationships
- stay cool when having a problem
- think of how the other person feels
- remember expectations

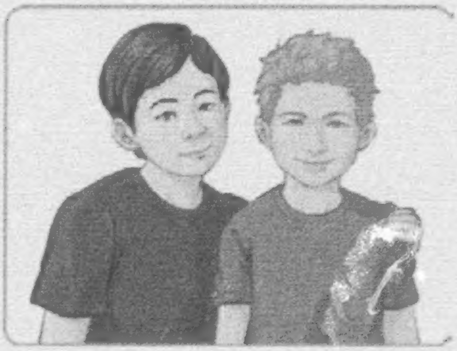
They need consistent messages and supportive interventions from their parents, teachers, and the other adults in their lives.

Ways to help children who see bullying

Children who see bullying without intervening or reporting it may not realize the role they play in making bullying worse. They need to be taught to intervene when they see bullying if it is safe to do so. They should be encouraged to report all bullying incidents to a trusted adult.

What to do if you are bullied or you see bullying

Here are a few tips to tell your child.



Try to stay in a group and use your friends, siblings, and peers for support.

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What to do if you are bullied:

- Tell your parents.
- Tell an adult at school.
- Be assertive: Stand up to the student doing the bullying. Tell the child to stop bullying. It's not fair!
- Do not be aggressive: Do not fight back as this can make the bullying worse. Children who fight back tend to experience prolonged and more severe bullying.

What to do if you see bullying:

- Tell your parents.
- Tell an adult at school.
- Help the student being bullied.
- Get someone to help you stop the bullying.
- Stand up to the student doing the bullying if you feel safe. Tell the child to stop bullying.

Key points

- Bullying is a problem with how children relate to each other. All children involved need support in learning how to have positive relationships.
- Children who bully learn to use power and aggression to control others.
- Children who see bullying without reporting it may not know that they are helping to make the bullying worse.
- Adults need to encourage children who are bullied, and children who see bullying, to report it.
- Children who are bullied should be assertive and tell the bully to stop. They should not fight back because this can lead to more severe bullying.
- All adults involved with children are responsible for their safety. Children involved in bullying in any role are not safe. They need support to build positive skills and healthy relationships.

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SECTION 9

REGULATIONS 24 TO 31

DAILY PROGRAM REQUIREMENTS

Section 9

Regulations 24 to 31

DAILY PROGRAM REQUIREMENTS

This section looks at regulations related to the actual early childhood program that children experience while at the centre or family day home. It describes things that operators must include in the daily program, such as:

- variety – to support the development of the whole child
- activities that develop language and literacy
- culturally appropriate activities
- outdoor play
- physical activity
- the use of community facilities
- rest periods
- ensuring that children with special needs can participate in the daily program

It also prescribes regular communication with parents about children's well-being and participation in the early childhood program.

REGULATION 24

The Daily Program

An operator shall establish a daily program for children attending the child day care facility that:

(a) facilitates and stimulates the intellectual, physical, emotional and social development of the children;

(b) is appropriate to the developmental level of the children;

(c) includes activities to encourage language and literacy development; and

(d) to the extent possible, reflects the cultural and ethnic backgrounds of the children.

Why

◆ To set expectations for operators about the quality of the daily program for children in their care.

What it means

☞ The operator must develop a written daily program (or schedule) that takes into account *all* of the factors shown in the shaded box:

- the development of the whole child,
- activities that are appropriate for the development levels of all children in the program, including children with disabilities,
- activities that specifically target the development of language and literacy (possibly in more than one language),
- activities that reflect the cultural and ethnic backgrounds of the children in the program.

☞ Daily program does not mean that the schedule is the same every day. Some parts of the schedule will be the same, such as lunch and snack times, and rest time. Other parts of the schedule will change regularly or periodically – for example field trips, special celebrations, guests, show and tell, etc.

Related Regulations

⇔ 2(4)(a): The Application for a Licence must include written programs goals and objectives. The daily program should support those goals and objectives.

⇔ 25: The daily program must include outdoor play.

⇔ 26: The daily program must include physical activity.

⇔ 27: If there is a child with special needs the operator must take steps to include the child in the daily program.

⇔ 28: The daily program must include regular use of community facilities, as much as possible.

⇔ 29: The daily program must be posted.

⇔ 31: The daily program must include rest periods.

How to...

- ✓ Develop a daily program with activities that:
  - meet the requirements of the shaded box,
  - clearly support the written program goals and objectives that were included with the Application for a Licence,
  - are based on the philosophy of 'learning through play.'
- ✓ Choose culturally and developmentally appropriate practices and play-based activities for young children. Ask the Regional Consultant for suggestions and advice if needed.
- ✓ Include parents and older children in planning activities.
- ✓ If you have a child with a disability get information on the disability so that you can adapt the daily program to the child's needs and level of development.
- ✓ Ensure that the daily program encourages and allows children to make their own choices about play activities at least 50% of the time.
- ✓ Include a variety of activities in the daily program – individual, small group, large group, indoor, outdoor, active, messy, quiet, gross motor, and fine motor.
- ✓ Incorporate outdoor play, physical activity, rest periods and the use of community facilities into the program, as required by Related regulations, on the previous page.
- ✓ Use weekly or monthly themes (such as Spring Carnival or weather) to develop and enhance the daily program.
- ✓ Arrange furnishings and equipment so that they support the daily program – for example activity or learning centres that target language and literacy development.
- ✓ Involve parents. They can support the daily program in many ways including helping with outings, sharing a skill, interest or hobby, telling stories to support language development, sharing cultural traditions, and much more.
- ✓ Regularly review and revise the daily program as needed.

Resources

ECERS-R
Program Structure: 34 Schedule
35 Free Play
36 Group Time
Personal Care Routines: 9 Greeting/Departing
11 Nap/Rest
Language-Reasoning: Sections 15 to 18
Activities: Sections 19 to 28

Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8, 3rd edition (2009)
This book is a must for early childhood operators. It provides theory, and a general overview of what children need at various ages, but its true value to operators is the lists of Appropriate Practices, contrasted with Inappropriate Practices. It can be ordered from the National Association for the Education of Young Children (NAEYC) www.naeyc.org > Publications > Books > Online Store

British Columbia Aboriginal Child Care Society (BC ACCS)
Handbook of Best Practices in Aboriginal Early Childhood Programs, 2011
Parts of this resource are not appropriate for the NWT because they are specific to BC. However, other parts provide many useful program ideas, particularly Best-Practised Strategies (a subheading in each chapter). Order from BC AACS www.acc-society.bc.ca > Resources and Information > Our Publications > Publications Order Form

Section Resources
The World is the Children R9-1
Encouraging Language Acquisition R9-2
Supporting Children to Learn Through Play R9-3
Understanding Learning Styles R9-4
Ages and Stages of Numeracy Development ... R9-5
Math with Kids is Fun! R9-7
Encouraging Aboriginal Cultural Identity R9-8
Families and Practitioners: Working Collaboratively to Support Cultural Identity in Young Children R9-9
Children at Play in the Great Outdoors R9-11

REGULATION 25

Daily Outdoor Play

An operator shall provide daily outdoor play activities for each child, except on days when:
(a) the weather is inclement;
(b) there are wildlife warnings in effect for the area; or
(c) there are other warnings in effect for the area in respect of potentially dangerous environmental conditions.

Why

◆ To ensure that children have daily outdoor play in a safe environment.

What it means

☞ The daily program (Regulation 24) must include outdoor play unless the weather is bad, or there are wildlife or other warnings.

Related regulations

⇔ 22(1): The outdoor place space and equipment must be safe.

⇔ 22(2) and (3): There are certain requirements that must be met depending on whether or not the play space is next to the building.

How to...

✓ Contact the appropriate government department prior to outdoor play activities if there are concerns about possible wildlife or other environmental warnings, such as smoke.

✓ If outdoor play is cancelled because of weather, but the weather improves later in the day, try to adjust the schedule so that children have their outdoor play time.

✓ Provide information to parents to explain the outdoor program, when outdoor play will not be possible (as per the shaded box), and what children will do instead.

✓ If outdoor play has to be cancelled replace it with activities that promote physical activity and gross motor skills, to the extent possible.

✓ Ask parents to provide seasonal clothing (such as neck warmer, hat and mitts, raincoat, sun hat, etc.)

✓ Don't forget the sunscreen and children's insect repellent.

✓ If outdoor play takes place away from the facility:
- take a first aid kit and emergency contact information with you,
- take water on hot days,
- make sure children use the washroom before going to the play area.

Resources

Canadian Paediatric Society
www.caringforkids.cps.ca
> Keeping Kids Safe
> Whatever the Weather
> Choose from a number of topics including frostbite, sun safety, insect repellents and winter safety

ECERS-R
Personal Care Routines: 14 Safety practices

Safe Kids Canada
www.safekidscanada.ca
> Professionals
> Safety Information
> Playground Safety
> Choose from a number of articles related to Playground Injury, Playground Safety and Playground Design

Section Resources
Children at Play in the Great Outdoors R9-11
Exploring Nature with Children R9-12
Sunshine – Approach with Caution..............R9-13
When Jack Frost Comes Nipping R9-14

REGULATION 26

Daily Physical Activity

An operator shall ensure that each child attending the child day care facility is provided with the opportunity to participate in activities that promote physical fitness for at least 30 minutes each day.

Why

◆ To promote physical fitness.
◆ To establish daily physical activity as a routine part of a healthy lifestyle.

What it means

☞ The daily program (Regulation 24) must include at least 30 minutes of physical activity that promotes physical fitness.

How to...

✓ Don't rely on outdoor play to meet the requirements of this regulation. (Children might choose to play in the sandbox, for example.) Plan an activity or activities that target physical fitness.
✓ Make it fun. Choose age-appropriate active games, for example.
✓ Use a variety of settings – indoor, outdoor, community facilities.
✓ Provide information to parents to explain the fitness component of the program.

Resources

📖 Canadian Child Care Federation
www.cccf-fcsge.ca
> e-Store
> Moving and Growing – four books for different ages
> Ordering info

📖 *Well Beings: A Guide to Health in Child Care (3rd edition)*
Chapter 2: Healthy Activities
Order from www.caringforkids.cps.ca
> Bookstore

📖 Section Resources
Bringing Back Physical Activity Play in Childhood R9-15
Healthy Habits Include Fitness R9-16
Making Active Choices Every Day R9-17
Supporting Your Child's Physical Activity R9-18
10 Ways to Encourage Young Children to be Active R9-19

REGULATION 27

Child with Special Needs

Where a child with special needs attends a child day care facility, the operator shall:
(a) to the extent possible, modify the daily program to ensure that the child is able to participate; and
(b) either;
  (i) provide any specialized equipment required for the child to participate in the daily program; or
  (ii) request that the child's parent provide any specialized equipment required for the child to participate in the daily program.

Why

- To include all children in all aspects of the daily program, including learning and play activities.

What it means

- Children with special needs should be included in all activities.
- The operator must modify or remove physical barriers that may limit the inclusion of a child with special needs.
- The operator must modify the daily program as necessary.
- The operator must provide any specialized equipment needed for the child to participate in the daily program, or ask the parent to provide the required equipment.

How to...

- The key to success for a child with special needs in an early childhood program is regular meetings and communication with the parent of the child – starting with planning how the facility and program need to be modified to accommodate the needs of the child, and whether or not there are implications for staffing and/or staff training.
- Inform yourself about a child's specific condition or disability. Consult and work with health professionals, parents and others if necessary, to learn how to best support the needs of the child.
- Remove any physical barriers. This might require renovations to the facility.
- You may have to hire or train staff as necessitated by an individual child's special needs.
- Modify the daily program to reflect the requirements of a child with special needs. The goal should be to have the child participate as much as possible in any given activity, with as much independence as possible. The idea is to treat the child as "only as special as necessary."

✓ Observe and document the activities and experiences of a child with special needs and communicate these to the parent or guardian. Note socialization with others, activities performed well, areas of interest and independence, areas of frustration or concern, and activities, equipment or facility modifications required to promote inclusion.

✓ Provide staff, children and parents with information that encourages understanding and support of:

- children with special needs generally, and
- the specific condition(s) of any children with special needs attending the facility.

Resources

ECERS-R
Program Structure: 37 Provisions for children with disabilities

Well Beings: A Guide to Health in Child Care (3rd edition)
Chapter 13: Including Children with Special Needs
Order from www.caringforkids.cps.ca > Bookstore

Section Resources
Your Child's Development: What to Expect R9-20
Communicating with Children who have Special Needs R9-23
Early Identification for Children with Special Needs R9-24
How Do You Know That You Are Moving Toward Inclusion? R9-25
10 Steps for Meeting Special Health Needs R9-26
Asthma Action Plan R9-27
Diabetes Action Plan R9-29
Caring for Children with Fetal Alcohol Syndrome R9-32

REGULATION 28

Using Community Facilities and Services

An operator shall ensure that, to the extent possible, local community facilities and services are used to enhance the quality of the daily program at the child day care facility.

Why

- To enhance the daily program and experiences of children.
- To integrate the child day care facility into the community at large.

What it means

- The daily program (Regulation 24) must include regular use of community facilities and services, as much as possible.

Related regulations

- 11(2)(l): As part of the application to enrol a child in an early childhood program, the parent must give written permission for the operator to take the child on excursions (field trips).
- 11(2)(m): As part of the application to enrol a child in an early childhood program, the parent must give written permission for the child to be transported in a vehicle – *if* the child care facility provides or arranges transportation for excursions.

How to...

- Use of a variety of community facilities and services on a regular basis such as the library, museum, skating rink, parks, schools, seniors centre, friendship centre, churches and multi-cultural associations.
- Check the local recreation guide for programs or events that may be appropriate – such as preschool story time, or visiting preschool authors.
- Check the local TV station and community bulletin boards for appropriate events.
- Visit some facilities and services occasionally, such as the fire hall, airport or winter carnival.
- Set up exchanges with seniors/Elders.
- After a field trip, discuss the experience, answering any questions that children may have about the places they visited.
- Send a thank you letter or create thank you cards and send them to the host.
- Develop written procedures outlining safety precautions for visits away from the child care facility. Include these in the parent information handbook.
- Give each parent written information about specific excursions at least two days prior to the outing. Include date, time, location, purpose of the excursion, transportation arrangements, time expected back at the facility and a contact number – either the number at the location, or your cell phone number if applicable.

✓ Make sure transportation complies with your written transportation policy required by Regulation 51(2).

✓ If any parent did not give permission to take a child on an excursion (Regulation 11(2)(l)) make sure there is an alternate activity for the child at the facility and that the parent is aware of that activity. (Remember, children cannot be left alone with only a volunteer – a primary staff person has to be able to see and supervise the volunteer – Regulation 70.)

Resources

Tips for Successful Field Trips

- Teach children the ground rules – e.g. "walk, don't run," "hold hands," etc.
- Give every child a name tag, with the child's name as well as the name and phone number of the child care facility.
- Bring emergency and medical contact information and consent to treatment forms.
- Pack a few extra clean clothes in different sizes in case of accidents, spills, or changes in weather.
- Pack a light lunch or snacks depending on the length of the field trip.
- Bring water if the field trip involves long periods of walking or vigorous activity.
- Bring a camera to take pictures of the events of the field trip. This will be handy for post field trip discussions and follow-up activities.
- Count heads often – before, during and after the excursion.

Well Beings: A Guide to Health in Child Care
(3rd edition)
Chapter 6: Transportation Safety
> Field trip safety
> Taking children on walks and errands
Order from www.caringforkids.cps.ca
> Bookstore

REGULATION 29

Post The Daily Program

An operator shall post the daily program in a conspicuous place in the child day care facility.

Why

◆ To ensure that staff, children, and parents are aware of daily activities at the child care facility.

What it means

☞ The daily program (Regulation 24) must be posted on the information board or other area where anyone entering the facility can easily see it.

How to...

✓ Post the daily program on the information board or other conspicuous area. Make sure you include special events, holidays, celebrations and field trips.

✓ Encourage parents and children to check the information board and daily program on a regular basis.

✓ Highlight changes to the daily program and post as needed.

✓ Include the names of staff members with each activity on the daily program, as a way to inform parents of who is working with their child.

✓ Use newsletters and other communication tools to help explain the daily program to all staff and parents.

REGULATION 30 (1)

Regular Communication with Parents – Centres

An operator of a centre day care facility shall require a primary staff person to communicate regularly with the parent of each child attending the facility in respect of the child's well-being and participation in the daily program.

Why

◆ To ensure regular parent communication regarding children's well-being, and their participation in the early childhood program.

What it means

☞ This regulation applies only to operators of centres. (Family day home operators see Regulation 30(2).)

☞ The operator must designate a primary staff person(s) to communicate with parents on a regular basis about children's well-being and program participation.

☞ Designated primary staff must initiate direct communication with parents, even if parents don't ask.

☞ Primary staff person means a person whose job description (Regulation 59(1) identifies them as a primary staff person, with the qualifications described in Regulations 61(1) and (2).

How to...

✓ Develop procedures outlining:
  - which primary staff member(s) will speak with parents,
  - when they will communicate with parents about children's well-being and program participation,
  - when they should speak to parents in private – for example if there are concerns,
  - how they should communicate with any given parent – do some need an interpreter? Do some need only verbal communication? (If parents don't understand what you said or wrote then you haven't communicated with them.)

✓ Include these procedures as part of staff orientation and monitor staff to ensure it is happening.

✓ Include these procedures in the parent handbook so that parents know what to expect.

✓ On a daily basis:
  - make staff available to parents and at arrival and departure times to communicate one or two positive things that happened that day,
  - keep daily log sheets to record all daily activities for infants and discuss these with parents.

✓ Several times a year:
  - use the daily program, newsletters or other documents that explain the program, as a way to focus and support communication with parents about a child's participation and progress,
  - communicate with parents about a variety of areas including socialization with others, activities performed well, areas of interest and independence, areas of frustration or concern.

Resources

📖 *Not-for-Profit Child Care Centres in the Northwest Territories: Child Care Board Resource Toolkit*
Chapter 6: Section 6: Communication Skills

📖 Section Resources
Building Partnerships with Families R9-33
Your Child's Development:
What to Expect R9-20

REGULATION 30 (2)

Regular Communication with Parents – Family Day Homes

An operator of a family home day care facility shall communicate regularly with the parent of each child attending the facility in respect of the child's well-being and participation in the daily program.

Why

◆ To ensure regular parent communication regarding children's well-being, and participation in the early childhood program.

What it means

☞ This regulation applies only to operators of family day homes. (Centre operators see Regulation 30(1).)

☞ The operator must communicate with parents on a regular basis about children's well-being and program participation.

☞ The operator must initiate direct communication with parents, even if parents don't ask.

How to...

✓ Decide how and when you will communicate with parents about children's well-being and program participation:

- know when to speak to parents in private – for example if there are concerns,
- consider the best way to communicate with any given parent – do some need an interpreter? Do some need only verbal communication? (If parents don't understand what you said or wrote then you haven't communicated with them.)

✓ Include this information in the parent handbook so that parents know what to expect.

✓ On a daily basis:

- at arrival and departure times communicate one or two positive things that happened that day,
- keep daily log sheets to record all daily activities for infants and discuss these with parents.

✓ Several times a year:

- use the daily program, newsletters or other documents that explain the program, as a way to focus and support communication with parents about a child's participation and progress,
- communicate with parents about a variety of areas including socialization with others, activities performed well, areas of interest and independence, areas of frustration or concern.

Resources

📖 *Not-for-Profit Child Care Centres in the Northwest Territories: Child Care Board Resource Toolkit* Chapter 6: Section 6: Communication Skills

📖 Section Resources

Building Partnerships with Families	R9-33
Your Child's Development: What to Expect	R9-20

REGULATION 31 (1)

Rest for Infants

An operator shall ensure, to the extent possible, that each child attending the child day care facility who is under 18 months of age is provided with periods of rest during the day in accordance with a schedule provided to the operator by the child's parent.

Why

- To ensure that infants get enough rest.
- To ensure that an infant's rest schedule is similar to what it is at home.

What it means

- The operator must ask each infant's parent for a rest schedule showing when the infant rests at home.
- The operator must follow the schedule to the extent possible.
- If a parent does not provide a rest schedule, the operator should use professional judgment and knowledge of the infant to determine appropriate rest periods.

Related regulations

- 18(2): Infants must have a separate rest area from older children.
- 21(4) through 21(9): The sleeping equipment must meet a number of health and safety requirements.
- 70: Children must be supervised at all times.

How to...

- ✓ Ask parents to provide a schedule indicating the sleeping/resting routine of their infant.
- ✓ Create a daily schedule of infants' sleeping/resting times.
- ✓ Make sure all staff, parents and volunteers are aware of the sleeping/napping schedules in the program.
- ✓ Develop clear procedures for sleeping areas and sleeping routines.
- ✓ Include procedures to reduce the risk of Sudden Infant Death Syndrome (SIDS):
  - place the infant on his or her back, on a firm mattress,
  - do not use pillows or place stuffed toys or other materials near the infant, which might cause rebreathing of stale air,
  - keep room temperature comfortable but not too warm – being too warm may cause the infant to go into a deeper sleep,
  - offer a pacifier when putting the infant to sleep.
- ✓ Post sleeping procedures and include them in the parent handbook, so that parents and staff are aware of sleeping arrangements and expectations.
- ✓ Meet the requirements of all other regulations related to rest and supervision, as listed in Related regulations.

Resources

- ECERS-R
  Personal Care Routines: 11 Nap/Rest
- *Well Beings: A Guide to Health in Child Care (3rd edition)*
  Chapter 5: Keeping Children Safe
  > Safe routines > Safe sleep
  Order from www.caringforkids.cps.ca
  > Bookstore

REGULATION 31 (2)

Rest for Older Children

> An operator shall ensure that each child attending the child day care facility who is between 18 months of age and five years is provided each day in the early afternoon with a period of time during which the child may sleep, rest or engage in quiet activities.

Why

- To ensure that older children have a quiet time during the day.
- To allow flexibility of quiet time activities to meet individual children's needs.

What it means

- The daily schedule must include a quiet time in the early afternoon, typically after lunch, for children between 18 months and five years of age.
- Five years of age means children who have not yet reached their sixth birthday – in other words up to five years and 364 days old.
- Children may sleep, rest or engage in quiet activities, depending on their individual needs.

Related regulations

- 18(1): When children are sleeping in a given area, that area must not be used for other activities.
- 18(2): Older children must have a separate rest area from infants.
- 21(4) through 21(9): The sleeping equipment must meet a number of health and safety requirements.
- 70: Children must be supervised at all times.

How to...

- ✓ Develop clear procedures for sleeping areas and sleeping routines.
- ✓ Post those procedures and include them in the parent handbook, so that parents and staff are aware of sleeping arrangements and expectations.
- ✓ Include a quiet time in the daily schedule – usually after lunch.
- ✓ Consult with parents to determine the appropriate quiet time activity for each child – sleeping, resting or quiet activities.
- ✓ Let children sleep for a maximum of two hours unless the parent has requested that the child sleep more.
- ✓ Let children move to a quiet activity after an hour of rest, if they choose. Teach children to move quietly from the sleeping/resting area to the quiet play area so they do not disturb other children.
- ✓ Have a variety of quiet activities for children to choose from if they don't sleep or rest.
- ✓ Meet the requirements of all other regulations related to rest and supervision, as listed in Related regulations.

Resources

- ECERS-R
  Personal Care Routines: 11 Nap/Rest
- *Well Beings: A Guide to Health in Child Care (3rd edition)*
  Chapter 5: Keeping Children Safe
  > Safe routines
  > Safe sleep
  Order from www.caringforkids.cps.ca
  > Bookstore

RESOURCE SHEET

Canadian Child Care Federation

#69

The World is the Children

Raising young children's awareness, understanding and acceptance of diversity starts with exposure. The children and families participating in child care settings are an excellent reflection of the multicultural make-up of Canadian society. By involving children and families in recognizing and celebrating their heritage and identity, we can foster appreciation of the diversity of our world.

Exposure

- Direct contact, food, pictures, implements, music, customs, and clothing can all reflect diversity.
- The key is to integrate this exposure rather than highlight it. For example, child care environments and resources can be set up to include diversity within everyday routines and learning activities, allowing all children to feel some familiarity and experience exposure to diversity within the environment.
- Celebrating different cultures' special occasions provides opportunities for exposure, but focusing on a specific culture or only showing its "exotic" aspects sets apart this culture and the children who identify with it.

Identity

- Children's awareness of their own everyday and special occasions cultural practices develops a strong sense of identity and self-esteem.
- Self-esteem enhances children's abilities to understand and appreciate the cultures of their friends.

Family members can help their children recognize and appreciate the home culture(s) and traditions by...

- explaining to them how and why things are done in a particular way
- telling stories about when the adults in the family were young
- reading and singing to them in the home language
- taking them to cultural events in the community

Caregivers can show that they value each child's home culture by...

- talking to family members to find out what is important to them for their child's care and learning
- adding materials and activities to the program based on information from families and which reflect the various cultures within the community. Books, posters and play materials reflecting the diversity of cultural and ethnic backgrounds contribute to a welcoming and inclusive environment.
- learning and teaching words for greetings and goodbyes in various languages. Validating home language is an important part of respecting culture.
- providing familiar food and making routines such as nap time and toileting comfortable for each child
- celebrating occasions that are special for each family
- reflecting all home cultures in early childhood education programs helps majority culture children feel comfortable with minority cultures, helps children from minority backgrounds feel familiar and comfortable in more than one cultural setting, and promotes understanding, acceptance and respect for human diversity.

It's easy to create an inclusive environment. Consider these points when choosing materials and resources:

Cultural Diversity: Show similar activities, items or concepts across cultures as an example of "many ways to be."

Racial Balance: Use photographs and other human images that represent children and families of diverse racial origins. Avoid cartoon-style images.

Linguistic Diversity: Label materials in more than one language and script.

Family Diversity: Reflect all the possibilities of family groupings such as single parent, extended, blended, gay, adoptive, bi-racial, etc.

Gender Balance: Avoid sex stereotypes. Be sure that girls and boys are represented in both traditional and gender-free roles and activities.

Socio-economic Conditions: Avoid comparing people in advantaged socio-economic circumstances with people in disadvantaged circumstances. Also avoid stereotyping any group as impoverished and poorly clothed.

Special Needs: Include children and adults with visible special needs, such as self and others, families and transportation.

Variety of Settings: Include city, small town, village and rural settings when depicting homes and communities. Depict Canadian settings wherever possible.

Comparisons: When making comparisons it is important to make them within the same context. For example, compare everyday with everyday (e.g. everyday dress in Canada with everyday in Kenya), traditional with traditional (e.g. traditional Canadian meal with a traditional Vietnamese meal), and exotic with exotic (e.g. rituals of the Haida with rituals of the Scots), rather than mixing them within one poster, book, or other visual material.

This resource was developed by the Westcoast Multicultural and Diversity Services (WMDS) team and Deborah MacNiel, program director of WMDS, Westcoast Child Care Resource Centre, Vancouver, B.C. WMDS has created multicultural kits to meet the needs of those looking for resources to enhance diversity within their early childhood program. These kits are comprised of materials selected with a view to gender, cultural and racial diversity. Kits include: Diversity, Feelings, Festivals of Light, Friends, Music in the Rain, Peace Making, Skin Tones, and Welcome to Child Care. To order, contact WMDS: phone (604) 709-8366; fax (604) 709-5662; e-mail: wmds@wstcoast.org. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the Canadian Child Care Federation, 383 Parkdale Ave., Suite 201, Ottawa, Ontario, K1Y 4R4, Phone (613) 729-5289 or 1 800 858-1412. Fax (613) 729-3159. Email: info@cccf-fcsge.ca Website: www.cccf-fcsge.ca © CCCF 2003

RESOURCE SHEET

Canadian Child Care Federation

#31

Encouraging Language Acquisition in Young Children

Early childhood educators need to plan and implement a play-based program that provides children with opportunities to test and communicate their ideas and feelings, and to talk about experiences that are meaningful and relevant to them. Teachers must provide a playroom that is rich in print. By using books, posters, signs, labels and by writing down what children say, we can help children understand that "what can be said can be written, and what can be written can be read." Here are some ideas for enhancing the language skills of the children in your program:

- Photos are a meaningful way to enhance children's language. For example, children can use a Polaroid camera to create a book called *Round Things* by taking pictures of round objects found both inside and outside the child care setting. Photos can also be used to show what happens in the playroom on a typical day.

- If you cannot afford to take pictures on a regular basis, ask the children to bring in old photographs from home. Present these photos in a book format and record the children's comments. Leave it in the book centre for the children to share.

- Children can also create books using photographs from old magazines and catalogues. Print the appropriate text in large letters underneath each picture.

- Pick a familiar big book that is a group favourite. Write the text on large pieces of construction paper and have the children create their own illustrations. Assemble the pages with a large ring and have each child read his/her own page. Keep the book in the book area for easy reference or for reading to parents. Tape the children's oral reading of the book and make this available to everyone.

- Celebrate **Canadian Children's Book Week** (usually the second week in November). As a group, write to favourite authors and illustrators and ask them to visit your centre. Invite a reporter or publisher to talk to the children, or organize a trip to a book binding factory or an animator's studio.

- Leave "happy letters" in the children's cubbies for them to discover when they arrive at the child care centre or send notes home with each child that celebrate his/her accomplishments.

- Four- and five-year-olds are just beginning to "get" jokes. Make up silly riddles, tongue twisters and rhymes, and record them in print. Create silly dinosaur names such as *Sarahsaurus* and *Mariosaurus* Rex.

- Travelling suitcases are a wonderful way to encourage reading and language development. Children can sign up to take home suitcases developed by teachers to encourage parent/child interaction. For example, one suitcase might contain the book *Little Red Riding Hood*, a red hooded cape, a wicker basket, some plastic food, a wolf puppet and a tape of the story.

- Help children create their own props for dramatic play such as tickets for the bus, menus for the restaurant and prescriptions for sick babies. Also let children make their own birthday and get well cards.

- Provide prop bags so that children can create their own adventures. Have the children create prop bags using items found on nature walks or within the classroom. Let an interested child take his/her prop bag to the toddler room and tell a story. The children might even like to perform their "bag stories" for parents at the end of the day.

- Tell a "clothes-line" story, pinning up characters and key pieces of the story as you go along. After the story is finished, leave the props so that the children can experiment with them.

- Remember the power of storytelling. Invite parents and grandparents to share stories from their childhoods. Perhaps a local elder can tell stories about your community. Set the scene by creating a special storytelling area.

Written for the Canadian Child Care Federation by Lynn Wilson and Patricia Chorney Rubin. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the CCCF, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Tel 1 800 858-1412 or (613) 729-5289. Fax (613) 729-3159. Email info@cccf-fcsge.ca. Website www.cccf-fcsge.ca. *© CCCF 2002*

RESOURCE SHEET

Canadian Child Care Federation

#77

Supporting Children to Learn Through Play

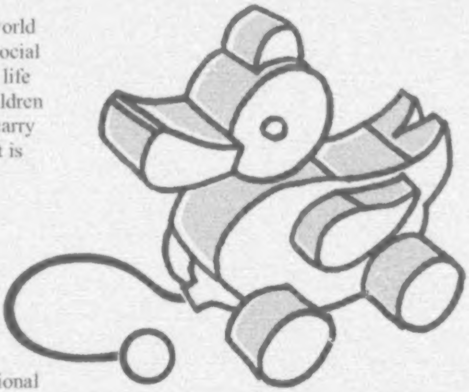
Play is how children experience their world and bring meaning to it. It models the social framework that builds relationships for life and kindles imagination. Play gives children the chance, in a world where so many carry heavy burdens, to simply be children. It is through play that children learn best.

The Link Between *Play* and *Learning*

- Play nurtures children's creativity and problem solving capabilities.
- Play is health promoting. It builds children's strength and coordination and is beneficial for children's emotional health.
- Play stimulates the healthy development of children's brains.
- Play allows children to acquire competence and skills that help them feel good about themselves.
- Play provides the context in which caring adults teach children how to behave, how to treat others, and the social conventions of the community.
- Play provides the opportunity to learn essential social skills: to take turns, to share and to cooperate.
- Play helps children develop friendships with their peers good interpersonal skills are essential to children's lifelong success.
- Play environments produce natural opportunities for children to learn self-respect and how to treat others with respect.
- Play promotes a child's development and their development enhances their play - creating an upward spiral.

Learning Through Play Approach in Early Learning and Child Care

Many early learning and child care programs take a "learning through play" approach, which ensures that there are large blocks of time each day when children may choose an activity from a number of activities selected by the educator. By allowing children to select their own learning activities, they become the leader of their own learning.



Child care practitioners organize a play environment in a way that provides a choice of play activities that meet the developmental needs of each child in the group. Often the child care setting is divided into a number learning centres clearly defined areas that have equipment, materials and supplies that fit together and promote children's developmental growth.

During the time devoted to play, children are doing different things. Some might be building structures with blocks while others are playing at a water table and others are looking at picture books. Children move around the centre, selecting the play that interests them. When they are ready, they move on to something else.

Role of the Child Care Practitioner in Learning Through Play Approach

Child care practitioners assist the children by facilitating their learning through play experience.

- They plan environments to suite the children in their programs using toys, equipment, dress-up clothes, books, are materials and other playthings based on their knowledge of the individual children in their groups their abilities, their interests, their preferences, their unique characteristics, etc.
- They teach the children how to use the playthings safely. For example, the sand must not be thrown, because it hurts if we get it in our eyes; helmets must be worn when riding the tricycles, etc. Then they allow the children to use them independently, with safety reminders when necessary.
- They encourage the children to choose the playthings they want to use and to put them back where they belong when they are finished using them.
- They are trained observers. They understand child development and intervene when appropriate to facilitate learning to help children extend their play, and to provide necessary support and guidance.

Why Use a Learning Through Play Approach?

- Children learn more when they are playing.
- Play develops children's creativity and problem solving skills
- Play prepares children better for school learning.
- Play is healthy. It promotes strength, coordination and brain development.
- Play teaches new skills and builds children's self-esteem.
- Play teaches children social skills that help them develop friendships.
- Play is a right of children (United Nations Convention on the Rights of the Child).

"I Have the Right to Play."

Preserved in the United Nations Convention on the Rights of the Child is the simple message that "children have the right to play" (Article 31). On the surface, "the right to play" seems obvious. However, as expectations for achievement increase and as available free time decreases, play time has become a right in need of protection.

*Source: Learning Through Play Tool Kit Argentines*Canadians*Together © Canadian Child Care Federation 2004. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase this resource sheet, contact the Canadian Child Care Federation, 201-383 Parkdale Ave., Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 ext. 234 or 1-800 858-1412. Fax (613) 729-3159. Email orders@cccf-fcsge.ca. Website www.cccf-fcsge.ca. © CCCF 2005*

RESOURCE SHEET

Canadian Child Care Federation

#45

Understanding Learning Styles

People learn in different ways. Some learn best by seeing, others by hearing, and still others by touching. Knowing our preferred learning style helps us learn and remember new things.

There are three basic learning styles:
- Auditory (hearing the information)
- Visual (seeing the information)
- Kinesthetic-tactile (touching, participating)

When parents know their child's best way to learn, they can help their child learn more effectively. It is just as important for you to know your own learning style. Parents usually teach in their preferred learning style, which may be different from the child's. This can be frustrating for both parent and child. For example, imagine that you are a strong auditory learner and try to verbally explain the rules of baseball to your child who is more visual and really has to *see* the various moves in a diagram!

Even though we have a preferred learning style, we can still learn in other ways. People have varying degrees of preference – some are highly auditory, some are highly visual, some are highly kinesthetic-tactile (k-t), while others seem to have a moderate preference for all three styles of learning.

At any age, your child will learn more easily using his preferred learning style, but this doesn't mean he can't and won't learn any other way. In fact, he should be encouraged to use and improve *all* modes of learning. The more senses we use to learn about anything, the more information we get! A good guideline is to allow your child to use his preferred style when learning essential information (e.g., road safety) and to practise using other learning modes for things that are not as important (e.g., words to songs you sing on car trips). The auditory learner will enjoy listening to tape-recorded songs; the visual learner will enjoy reading the words as he hears them sung; the k-t learner will enjoy dancing or acting as the music conductor.

Young children are all kinesthetic-tactile learners. Watch your baby put everything in her mouth and your toddler reach out to touch and explore his world. Visual and auditory preferences may emerge later. Schools have traditionally used visual and auditory teaching styles, especially in the upper grades. Children who learn easily through these modes are usually successful in school, while k-t learners often find school difficult. Most of us – not only young children – learn better if we are actively involved in our own learning.

Of course, all future learning is affected by early learning experiences. If these experiences are positive and satisfying, the foundations are formed for enthusiastic lifelong learning. Attention to learning styles when your child is young will help to make learning positive and enjoyable. As she matures, she will better understand and facilitate her own lifelong learning. For example, a visual learner who must remember information given at a lecture (auditory model), will know that she needs to take notes, make sketches or read a book on the topic to reinforce the lecture content.

Observe your child at play. Does she already show a preferred way to learn? Remember that young children are still developing and most are very tactile – they want and need to be actively involved in order to understand things. Make sure your child has many opportunities to use all of the learning styles so that she can develop to her full potential.

Learning Style Checklist

Review the following lists. What do you think is your preferred learning style?

Auditory learners often:

☐ enjoy oral discussion
☐ remember by talking out loud
☐ need to have things explained orally
☐ have trouble with written instructions
☐ talk to themselves while learning something new
☐ repeat a telephone number in order to remember it

Visual learners often:

☐ remember visual details
☐ prefer to see what they are learning
☐ like to have paper and pens handy
☐ doodle while listening
☐ have trouble following lectures
☐ like to write down instructions or telephone numbers

Kinesthetic-tactile learners often:

☐ prefer activities
☐ want to actually do whatever is being talked about or learned
☐ like to move around while listening or talking
☐ often "talk" with their hands
☐ like to touch things in order to learn about them
☐ remember things by recalling who did what rather than who said what

Adapted from a draft guide written by Maitland MacIsaac, Nancy Estey, Sandra Rendell-MacDonald and Erin Casey (PEI Literacy/LRPALS, 1997) sponsored by the Canadian Child Care Federation with funding from Child Care Visions, Human Resources Development Canada. The guide is a resource for Early Learning Canada, a program for parents and adults who work with children birth to age six and their families. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the CCCF, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 or 1 800 858-1412. Fax (613) 729-3159. Email: info@cccf-fcsge.ca Website: www.cccf-fcsge.ca.

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RESOURCE SHEET

#95

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Leaders in Early Learning

Ages & Stages of Numeracy Development

Newborn to 4 months old

- Can tell the difference between a picture of two dots and a picture of three dots.
- Can immediately "see" that there are two or three dots on a page, even though the ability to count is not yet developed.
- Shows surprise when a puppet jumps more times than they are used to seeing.

5 – 6 months old

- Can tell that a jar that is half full of juice is different from a jar that that is full
- Shows surprise at three toys when there are only supposed to be two toys.
- Can tell the difference between two large sets of toys if one of the sets is at least twice as large as the other; for example, can see that a set of 12 toys is different from a set of 24 toys.

9 – 12 months old

- Can tell the difference between two large sets of toys even if the sets are almost the same size; for example can see that a set of eight toys is different from a set of ten toys.

12 – 18 months old

- For small sets of blocks, can learn to pick the smaller of the two sets.

2 years old

- Can learn some number words.
- Knows that number words are important.
- Labels toys with number words.

2 – 3 years old

- Knows that when one candy is taken away from two candies, one candy is left.
- Knows that when one candy is added to two candies, there should be three candies altogether.
- Tries to count using number names even though the number names are often not in the correct order.
- Uses number words in the same order every time when counting objects, even though the number words are not necessarily in the correct order.
- Can learn to recite the number words 1 to 10.
- Can represent 1 and 2 with finger patterns.
- Can divide up eight toys between two children by using a "one-for-me, one-for-you" strategy.
- Learns to pick out the "first" and "last" person in a line.

3 – 4 years old

- When counting objects, knows that the last number word spoken answers the question "how many are there?"
- By the age of three and a half, reliably gives correct answers to addition and subtraction problems involving small quantities, for example 1 + 2 and 3 - 2, by using concrete objects

(manipulatives) or by pointing to a picture of the correct answer; for example, when given ▲ ▲ joined to ▲, can point to ▲ ▲ ▲.
- Knows that a pile of sand should look bigger when more sand has been added to it.
- Recognizes one-digit numbers.
- Can share ten toys equally among five children and knows that each child has an equal share.
- Can learn to count from 1 to 30.
- Measures length by directly comparing two objects, for example, "This book is as long as my arm."
- Represents 5 using a finger pattern.

4 to 5 years old

- Learns to count backwards from 5.
- Understands and uses ordinal terms: "first," "second," "third," "fourth," and "fifth."
- Using manipulatives, can find the answer to simple addition and subtraction word problems that total up to 5, and later up to 10; for example, "I had three dolls and I got four more for my birthday. How many dolls do I have now?"
- Learns to count backwards from 10.
- Learns to skip counts by 10s (10, 20, 30...), and later by 5s and 2s.
- Can learn to write one-digit numerals.
- Can learn to start counting up from numbers other than one, for example, "7, 8, 9, 10."

5 – 6 years old

- Can divide up large sets (20 items and more) equally among five people.
- Knows what number comes next up to the number 9.
- Knows that the distance between two objects doesn't change unless the objects are moved.
- Can learn to count backwards from 20.
- Knows that if Mary is taller than Josie, and Josie is taller than Fred, then Mary is also taller than Fred.
- Knows that a bundle of ten popsicle sticks is the same as ten individual popsicle sticks.
- Compares the length of two objects using string.
- Represents up to 10 using finger patterns.
- Understands and uses the ordinal terms "first," "second," ... up to "tenth."
- Knows the doubles up to 10, for example, 2 and 2 is 4, 3 and 3 is 6.
- Can learn to count up to 100.
- Recognizes that there are five toys in a set without counting them.
- Can learn to recognize patterns of up to ten items and connects the patterns with the quantity indicated, for example, ": : means there are 4 dots."
- Measures things using other objects placed end-to-end, for example, "My book is ten paperclips long."
- Names, discusses, and compares objects using words such as "taller," "shorter," "skinnier," "fatter," "wider," and "longer."
- Writes two-digit numerals.
- Reads number words up to 10, for example, can read "one," "two," and so on.
- Can learn to start the counting sequence from any number between 2 and 18, for example, "13, 14, 15, 16, 17,..."
- Understands that a bundle of 18 popsicle sticks is the same as a bundle of ten popsicle sticks plus eight individual popsicle sticks.
- Can label shares of 1/2, 1/3, 1/4, and 1/5 using the words "half," "third," "fourth," and "fifth."
- Can learn to measure length of objects using centimetres and metres.
- Using manipulatives, can create a straight road that is "just as far to walk" as a given road with a bend in it.
- Can divide up to 100 items equally among ten children.

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RESOURCE SHEET

#94

Canadian Child Care Federation

Leaders in Early Learning

Math with Kids is Fun!

Have you ever sung a counting song with your baby? Asked your toddler, "Which tower of blocks is higher?" Said, "One for you, one for your sister and one for me, as you passed out apple slices?" If so, you've been preparing your child for future success in studying mathematics at school.

Literacy means being able to read and understand words. Numeracy is an understanding of numbers and an ability to reason with them. Like literacy, numeracy starts in the very early years. Infants as young as six months can tell the difference between a pile of 12 toys and a pile of 24 toys. As a parent, you build on this understanding when you introduce words like "more" and "less." In an informal way, you are laying the groundwork for the concepts of addition and subtraction.

Basic principles

Here are some principles to keep in mind when introducing children to numbers.

- Children learn through play. Keep an **attitude of play**, and follow what the child is interested in.
- Children learn **through their senses**. Use **real objects** they can see and touch.
- **Repetition** is the key to understanding. Take advantage of events that happen in **everyday routines** to make children aware of numbers and shapes that are all around them.
- Children's abilities develop **slowly over time**, and each child develops at a **unique pace**. **Wait till a child is ready** before introducing more complex concepts.

A good foundation

You can use the following activities and opportunities to build a foundation that will prepare children for school. You don't need any complicated equipment. You can count anything, starting with your child's two hands!

Vocabulary - Children need to know the words for mathematical ideas, and not just the numbers (one, two, three....). Talk to them about size (a big truck, a small ball), about quantity (a full cup, an empty bowl) and order (your turn first, my turn second). Songs and finger plays are fun ways to repeat these words over and over.

Counting - A four year old might be able to say the numbers up to 30, but chances are he can only think *logically* about five objects. It takes practice for children to learn that counting means assigning one number to each object and that the last number named is the number of objects in the group. Start early to develop this awareness with a game of "Simon Says": "Simon says, take two steps forward. One. Two."? When you read a picture book, point to similar items on the page: "I see three trees. One. Two. Three. How many birds do you see?" For older children, cooperative board games give practice in moving a marker as many squares as the dots on a die.

Shape recognition - Craft activities are a chance to talk about geometric shapes: "Here's a circle for the face. Can you choose two circles for the eyes?" Help children get familiar with the shape of number symbols by using play dough to make the numbers from one to five for them to trace with their finger. When you take a walk together, point out the numbers on the houses you pass.

Comparison - Get children interested in comparisons by talking about *them*: "Your fingers are longer than the baby's." "Your pants are longer than your shorts." "You and I have the same number of toes. Let's count them."

Sequence - Putting things in order is an important mathematical skill. Your children can practise this by doing simple clapping games. For instance, take turns setting a short pattern of slow and quick claps. The other person must repeat the same pattern. You can also practise putting things in order of size. For example, making a row of cans from the tallest to the shortest.

Matching and grouping - You can combine matching and grouping with household chores. Get your children to help sort socks into pairs. When it's time to put away toys, suggest they put all the blocks into one box and the toy cars into another.

Measuring - At first, children can measure things with their bodies. "How many times can you put your hands across the book?" Show them how to place the second hand next to the first hand, not on overlapping. Cooking together provides lots of opportunities for measuring, though you might want to have your preschooler put that spoonful of salt into a small bowl before adding it to your sauce, just in case his measurement skills aren't yet accurate!

Get inspired and make up your own activities to enrich playtime and your family routine. With the attitudes that math is fun, your children will be on the road to future success with handling the mathematics of daily life.

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RESOURCE SHEET

Canadian Child Care Federation
Leaders in Early Learning

#92

Encouraging Aboriginal Cultural Identity at Home and in Child Care

In many ways, quality early learning and child care programs for First Nations, Inuit and Métis children are similar to any program. For example, they must offer safe and nurturing care by qualified practitioners, and encourage opportunities to learn and develop skills. In other ways, however, quality child care programs for Aboriginal children are different.

Unlike mainstream programs, programs designed specifically for Aboriginal children play a key role in supporting children to develop their cultural identity – an important aspect of social well-being. They encourage learning about culture and language and work to instil a sense of pride and belonging. Mainstream programs too, however, with a little work, produce the same positive results.

Here are a few ideas for how child care practitioners and families can, together and separately, encourage strong cultural identity in Aboriginal children, whether they are participating in an Aboriginal or mainstream child care program.

Ideas for both families and child care practitioners:

- Compile a range of print materials in your children's traditional language, including signs and pictures as well as books and magazines.
- Look for audiotapes or CDs with songs in your children's traditional language and play them regularly – singing along is a great way to reinforce language skills.
- Encourage your children to speak and write their name in their traditional language – for example, by asking them to tell a story or sign a birthday card to a family member.
- Invite local Elders to get involved with your child care program or family, by telling stories, teaching language, cooking a traditional meal or demonstrating traditional hunting, trapping or fishing methods.
- Incorporate Aboriginal stories into story-time and traditional arts and crafts – such as drumming, dancing, throat singing, blanket tossing, string games or beading – into play-time.
- Make and serve traditional foods for snacks and meals, such as bannock or muktuk chowder.

Ideas for child care practitioners

- Find out about the residential school system and make sure you understand how being separated from your language and culture can affect generations of children and their communities. Recognize that traditional parenting practices were lost by many who were separated from their families and grew up without role models – a loss that has had ripple effects that continue today.
- Work with Aboriginal parents to find out what they think are the best ways to support their child's cultural identity. Be open to their ideas and try to incorporate them into your curriculum.
- Learn as much as you can about the specific culture of each Aboriginal child in your care – its traditions, history and language.
- Compile a list of simple sentences, not just individual words, in the traditional language of the children in your care. Encourage fellow staff to learn them and use them regularly.
- Recognize that different values and beliefs are enriching, not threatening. As human beings we all have similar needs for love, security and a sense of belonging. It's how these needs are expressed that differs from one culture to another.
- Re-examine your assumptions and your practice. How are they influenced by your culture and values?

Ideas for families

- If you do not know your traditional language, learn it right alongside your children. Make opportunities for you and your children to listen to it, speak it and write it.
- Alternate reading and telling stories in your traditional language with stories in English.
- Participate as a family in Aboriginal community celebrations, ceremonies and gatherings, and take part in traditional activities, such as fishing and gathering berries.

One note of caution

There are over 50 different Aboriginal cultural groups in Canada, and protocols for how to invite and work with Elders and use cultural resources may vary – for example, some songs can only be used by a certain clan or family.

The BC Aboriginal Child Care Society has published a guide that may help. Called *Developing Culturally Focused Aboriginal Early Childhood Education Programs: A Handbook*. For more information, visit www.acc-society.bc.ca.

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RESOURCE SHEET

Canadian Child Care Federation
Leaders in Early Learning

#91

Families & Practitioners: Working Collaboratively to Support Cultural Identity in Young Children

Culture is a fundamental building block in creating children's identity. Quality early learning and child care supports the development of identity by providing experiences that are in harmony with the culture of the home, practitioners who are able to understand diverse perspectives and appropriately interact with members of other cultures in a variety of situations, and curriculum that is developmentally, culturally, linguistically responsive. Use the self-assessment tool below to discover what you and your program are doing well and areas for improvement.

Use culturally, linguistically appropriate and effective teaching approaches that enhance each child's learning and development. Start by identifying the unique early learning needs of children within the context of their families, and taking this information into account when planning the curriculum and pedagogy of the program.

Practitioners	Ways this is done well	Ways it could be improved
Encourage children and their parents to share aspects of their culture and lifestyle with the other children.		
Build an understanding the child's culture and the values and beliefs within that culture.		
Learn key words in the first language of the children.		
Provide a learning environment with books, print materials, and other artifacts in home languages that respect and promote language and literacy learning, and that reflect diversity in unbiased ways.		
Recognize that children may be dealing with complex changes.		
Build knowledge of family dietary practices.		
Actively identify and counter any practices, curriculum approaches or materials which reflect a degrading bias toward language, race, religion or culture.		

Adapt programs to the needs of diverse families. Respect the home languages and cultures of all children served and find meaningful ways to incorporate diverse languages and cultures into everyday curriculum. Give families input into the design and development of early learning programs and content.

Practitioners	Ways this is done well	Ways it could be improved
Make extra efforts to include newcomers in programs.		
Create opportunities to learn about childrearing practices from families that have different backgrounds.		
Provide information about relevant resources.		
Provide information in first languages		
Support the development of informal social networks among families with young children		
Because many children live in newcomer families, collect information on migration experience		

Increase culturally competent staff. Employ and support culturally competent staff. Recruit and adequately compensate qualified practitioners from immigrant and language minority communities as well as increasing the culturally relevant training for staff currently working with diverse families. Professional development standards for current staff should include access to training in cultural sensitivity and second-language acquisition strategies.

Directors/Staff	Ways this is done well	Ways it could be improved
Actively recruit practitioners who reflect gender, ethnic, cultural, and linguistic diversities.		
Support the child's home language.		
Become knowledgeable about more than one culture		
Provide opportunities for practitioners to rethink their assumptions and consider life's issues through the lenses of people who come from cultural backgrounds different from their own.		
Acquire an understanding of socio-cultural and economic issues pertaining to the communities the program serves.		

Provide access to comprehensive services. Knowledge of and access to comprehensive services is a critical component of high quality early childhood programs serving diverse families. As someone who has established trust with families, you are well-positioned to help them access services, including parenting education and ESL classes. Some newcomer groups may prefer activities that focus on parents and children together. Community services should be linguistically- and culturally-appropriate, and easily accessible in neighborhoods where families live.

The program	Ways this is done well	Ways it could be improved
Establishes relationships with, and uses the resources of, the children's communities.		
Helps families connect with needed resources to further each child's healthy development and learning.		
Facilitates parent to family literacy experiences.		

Quality rating systems (QRS). Programs can use these evaluation tools to incorporate new standards into EC programs, in order to encourage the recruitment of culturally competent providers, create and implement culturally appropriate standards and practices, and provide financial supports to help them meet these goals. In addition, the standards can be used to educate and inform parents and other advocates about high-quality programs.

The program	Ways this is done well	Ways it could be improved
Reassesses its philosophies regularly to ensure they reflect shared values and current thinking about preferred practice and research on child development.		
Regularly assesses its quality and effectiveness using a tool(s) that highlights strengths and identifies areas for improvement.		
Uses a performance appraisal process in which directors observe individual staff, then review and discuss the observations with individual practitioners, acknowledging areas of strength, and identifying specific strategies for improvement.		

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RESOURCE SHEET

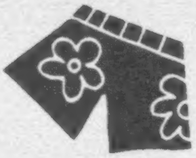
Canadian Child Care Federation

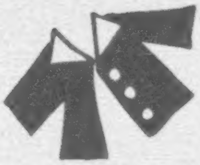
#68

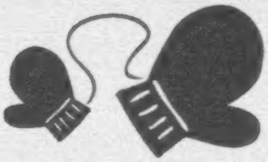
Children at Play in the Great Outdoors

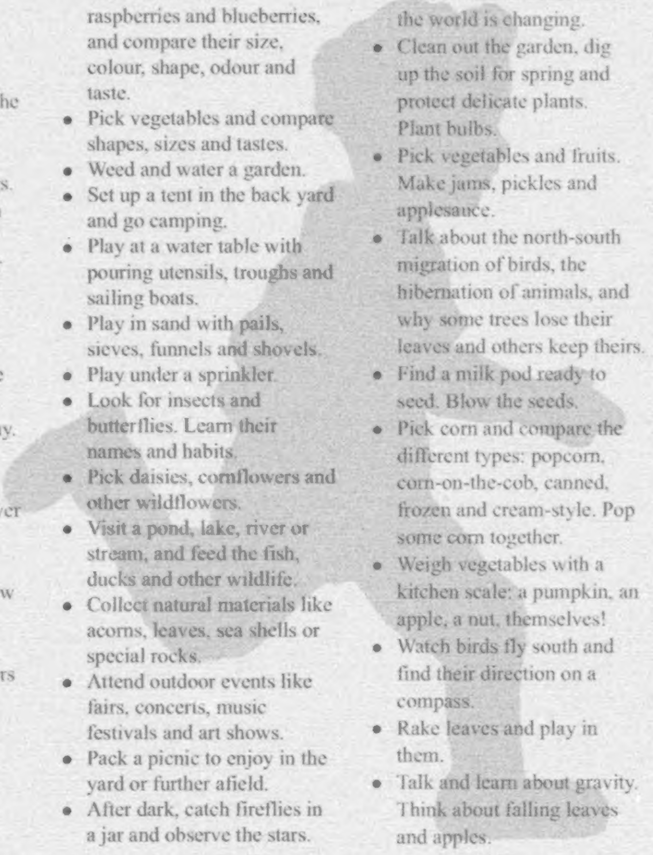
Children of all ages love to be outside. Throughout the seasons, they explore their environments. They learn how the weather changes, and how animals and plants are affected by these changes. In learning about the seasons, children begin to understand nature's cycles. Below are some simple activities that children can choose among and enjoy when outdoors.

Things for children to do...









...in spring

- Plant a garden outside with flowers and vegetables.
- Put a bird bath and a bench in the centre of the garden for sitting and observing.
- Incubate and hatch eggs.
- Prepare and observe an ant farm.
- Put earthworms in a jar of loose earth and feed with small amounts of lettuce.
- Visit a farm and see the new baby animals.
- Fly kites on a windy day.
- Walk in the rain and watch for a rainbow.
- Visit a pond, lake or river to find frog eggs and tadpoles.
- Find pussy willows, new grass, blossoms, wind and air currents.
- Pick bouquets of flowers from your garden.
- Plant flowers in a window box.
- Rake the yard and sprinkle fresh grass seed.

...in summer

- Pick strawberries, raspberries and blueberries, and compare their size, colour, shape, odour and taste.
- Pick vegetables and compare shapes, sizes and tastes.
- Weed and water a garden.
- Set up a tent in the back yard and go camping.
- Play at a water table with pouring utensils, troughs and sailing boats.
- Play in sand with pails, sieves, funnels and shovels.
- Play under a sprinkler.
- Look for insects and butterflies. Learn their names and habits.
- Pick daisies, cornflowers and other wildflowers.
- Visit a pond, lake, river or stream, and feed the fish, ducks and other wildlife.
- Collect natural materials like acorns, leaves, sea shells or special rocks.
- Attend outdoor events like fairs, concerts, music festivals and art shows.
- Pack a picnic to enjoy in the yard or further afield.
- After dark, catch fireflies in a jar and observe the stars.

...in fall

- Take a walk to observe how the world is changing.
- Clean out the garden, dig up the soil for spring and protect delicate plants. Plant bulbs.
- Pick vegetables and fruits. Make jams, pickles and applesauce.
- Talk about the north-south migration of birds, the hibernation of animals, and why some trees lose their leaves and others keep theirs.
- Find a milk pod ready to seed. Blow the seeds.
- Pick corn and compare the different types: popcorn, corn-on-the-cob, canned, frozen and cream-style. Pop some corn together.
- Weigh vegetables with a kitchen scale: a pumpkin, an apple, a nut, themselves!
- Watch birds fly south and find their direction on a compass.
- Rake leaves and play in them.
- Talk and learn about gravity. Think about falling leaves and apples.

...in winter

- Shovel walks and bicycle paths.
- Shovel snow onto a sleigh and pull it to another area and use it to make snow sculptures.
- Observe the temperature both indoors and outdoors with an indoor-outdoor thermometer. Have children compare temperatures for differences and similarities, from day to day.
- Slide down a nearby hill. Make sleighs by cutting cardboard squares from packing boxes.
- Play follow-the-leader in fresh snow, following the leader's footsteps in the snow. Make circles, zigzags, and hop and jump.
- Make lots of snowballs to toss into a basket or box.
- Make a bird feeder from an empty carton or plastic container. Fill it with bird seeds and hang it from a branch, then watch the activity around it from day to day.
- Make snow angels in fresh snow. Decorate the angels with coloured water from spray bottles.
- Build a fort by piling and packing fresh snow.
- Observe snowflakes on a dark cloth through a magnifying glass.

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RESOURCE SHEET

Canadian Child Care Federation

#43

Exploring Nature with Children

The building blocks for developing responsible citizens are laid in the early years. The sooner children participate in activities with an environmental theme, the more likely they will develop a strong appreciation of the environment.

Interdisciplinary Approach

Exploration of the natural world should be ongoing, rather than just a theme for one week of the year. Environmental education should permeate all aspects of the child care program. For example, in the art area, a box can be set up for paper that has not been completely utilized. This paper can be used for craft projects or by children who would like to practise cutting.

Observation

Nature can be appreciated wherever you are — from an urban backyard to a rural meadow. Observe the natural world around you and draw the children's attention to the wonders of the environment. Appreciate a wildflower's struggle to grow through the cracks in a sidewalk. Show children the differences between various wildflowers, smell them and take pictures. Explain that wildflowers must be allowed to go to seed so that more can grow next year; if the flower is picked it is unable to continue through its life cycle. Watch the animals and insects wake up. Observe a bird's nest under construction. Materials such as yarn, small feathers and animal hair can be placed nearby in hopes that a bird will use your offering.

Language

All plants have a name and are only classified as a weed if they are not in their natural habitat. Learn the names of the plants, wildflowers and birds that live in your neighborhood and share the information with the children. Observe the life cycle of plants and animals. Dandelions are good examples as they progress to the seed stage fairly quickly. Explain to the children what they are observing, thereby enriching their vocabulary.

Respect

Is stomping on insects learned or innate behaviour? With knowledge, respect develops. If children are given the opportunity to observe ants and appreciate them for the hard workers they are, they will begin to understand their role in our ecosystem. Discuss hurtful insects such as wasps. Encourage children to avoid or calmly move away from these insects.

Explain that everything in the natural world has a purpose and that we must respect their roles. Pick objects off the ground or salvage an abandoned bird nest for use in science table or art activities. Remember to use only what nature no longer needs.

Role Model

Your own sense of wonder, more than your scientific knowledge, will inspire and sustain a child's love of nature. Your sense of awe will be contagious to the children. Explore and learn together. Focus on "experiencing" rather than "teaching." Take your lead from the children after you have provided the opportunity for them to interact with the natural world.[1]

Ways to Naturalize Your Outdoor Play Space

- Plant wildflowers that are native to your area. Wildflowers attract butterflies to their nectar.
- Create a natural area containing a rock pile and logs. Have toys available so that the children can use their imaginations as they play in this natural setting.
- Plant a vegetable or flower garden. Get the children involved in all areas of this project.
- Get involved in composting. Compost provides rich mulch to spread on the lawn, flower beds and garden.
- Keep bird feeders full year-round. Also fill hummingbird or oriole feeders in the summer.

Reference

1. Dr. Ruth Wilson (April 1997). *What Can I Teach My Young Child About the Environment?* from the Internet (http://mirror.eschina.bnu.edu.cn/Mirror1/accesseric/www.eric.ed.gov/archives/environ.html).

Resource Books

Wilson, Dr. Ruth (1993). *Fostering a Sense of Wonder During the Early Childhood Years*, Ohio: Greyden Press.
Wilson, Dr. Ruth (1994). *Environmental Education at the Early Childhood Level*. Ohio: NAAEE.

Children's Books to Share

Compost: Growing Gardens From Your Garbage by Linda Glaser
From Tree to Paper by The Learning Source
The Kids Canadian Tree Book by Pamela Hickman
Nature in the Home by David Suzuki
A Tree in a Forest by Jan Thornhill
The Garden in Our Yard by Greg Henry Quinn
If We Could See the Air by David Suzuki
What's Alive? by Kathleen Weidner Zoehfeld
I'm A Seed by Jean Marzollo

Written by Mavis Lewis-Webber, author of the book "Earthcycles: Environmental Education with Preschool Children," which can be viewed on Child & Family Canada (www.cfc-efc.ca) under the theme "Learning Activities." Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the CCCF, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 or 1 800 858-1412. Fax (613) 729-3159. Email orders@cccf-fcsge.ca. Website www.cccf-fcsge.ca.

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RESOURCE SHEET

Canadian Child Care Federation

#20

Sunshine – Approach with Caution

With the growing concern of a thinning ozone layer and UV-B's association with a steady increase in skin cancer, parents and child care providers need to be cautious about exposing children – and themselves – to the sun. Because it takes several hours for a sunburn to show, do not use reddening of the skin as an indicator of too much time spent in the sun. Don't let cloudy days fool you! UV rays do penetrate clouds. In addition, keep in mind that water and sand reflect the sun's rays and can therefore increase the danger of sunburn.

When a child has a sunburn, do not apply medication to the skin unless you have consulted with a physician. There is no cure for sunburn. You can reduce the sting by applying a cool wet cloth to the affected area four times a day for 15 to 20 minutes at a time. Children under 6 months of age should never be exposed to direct sunlight; always put them under an umbrella. In addition, sunscreen is not recommended for very young children.

Precautions

1. Wear non-transparent clothing (fabrics with tight weave) and a wide brimmed hat. Baseball caps are inadequate because they leave the neck and the delicate rim of the ear exposed. Always protect babies under six months from the sun with shade, hats and clothing. Sun block cream is not recommended for babies under six months old as they can rub it into their eyes or put it in their mouths.
2. Where skin is exposed, use a broad-spectrum sun block cream (one that blocks both UV-A and UV-B) of at least 30 SPF (sun protection factor) and no PABA (which contains certain allergy causing properties). Test sunscreen on the inner part of the child's arm for allergic reaction. If the area becomes irritated, switch brands. Products with milk or cream are recommended over products that contain alcohol. Apply sunscreen 15 to 20 minutes before going outside. Apply cream to the face, carefully avoiding the child's eyes. If, after using all precautions, the eyes are still irritated, discontinue use of that brand of sunscreen. Use products approved by the Canadian Dermatology Association.
3. Pay particular attention to behind the knees and the bottom of the feet. Even if the child is wearing a T-shirt, sunscreen should still be applied to the neck, shoulders, chest and head (if the child has little hair). The sun penetrates light fabrics, especially when they are wet. Sunscreen needs to be reapplied after water play.
4. Minimize time spent in sun between 10 am and 4 pm when the sun's rays are at their strongest and most harmful. Gradually increase a child's exposure to the sun. Ensure that outdoor play areas have some shade protection.
5. Wear high-quality sunglasses that absorb UV radiation when outdoors in bright sunlight. Poor quality sunglasses can do more harm than good because the dark lenses cause the pupils to dilate, making it easier for UV light to damage the delicate membrane of the retina.
6. Child care providers who apply lotion on several children should wash their hands after each application, especially if a child has any cuts.
7. In a child care setting, have parents complete an authorization form stating the brand of sunscreen to be used.
8. Always have liquids available before, during and after playtime.
9. Set a good example. Follow these precautions yourself.

Prolonged exposure to the sun's rays may cause serious effects in children. The chart below outlines what should be done:

Possible Condition	Symptoms	Treatment
Heat Exhaustion	• pale, clammy skin; heavy perspiration; fatigue, weakness; dizziness, fainting; headache, muscle cramps; nausea, vomiting	• move child to cool, shady area • treat for shock • replace lost fluids by giving sips of water • gradually cool by removing clothing and fanning constantly
Heat Stroke/ Sun Stroke	• hot, dry skin; no sweating; high temperature (39EC, 102EF); headache, nausea, vomiting	• move child to cool, shady area • bathe child as quickly as possible in bath of cool water or in wet cold sheets; do not stop to remove clothing; place wet cloth on forehead • if child is conscious and not feeling nauseated, give sips of cool water • if child is unconscious and breathing, place in semi-prone position (flat on back, head and neck elevated); watch mouth for blood and vomit; clean with a cloth; treat for shock (see below) • if unconscious and not breathing, seek medical attention immediately; commence CPR
Shock	• pale, grey, mottled appearance; cold clammy skin, feels weak; irregular breathing; anxious, apathetic; nauseous, thirsty; weak, rapid pulse	• if conscious, keep child lying down; elevate legs 20 cm (8") unless you suspect a broken bone/back injury; maintain normal body temperature; comfort and reassure child; encourage regular full breaths; continuously check that child remains conscious • if unconscious and breathing, treat as above • if unconscious and not breading, seek medical attention immediately; commence CPR

*Prepared for the Canadian Child Care Federation in 1992 by Tamara Wittar. Adapted from **Well-Beings**, Canadian Paediatric Society; **Childsafe, A Parent's Guide to First Aid and Safety**, Canadian Red Cross Society and **Healthy Young Children: A Manual for Programs**, National Association for the Education of Young Children. Updated in 2001 Updated in Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the Canadian Child Care Federation, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 or 1 800 858-1412. Fax (613) 729-3159. Email orders@cccf-fcsge.ca. Website www.cccf-fcsge.ca.*

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RESOURCE SHEET

Canadian Child Care Federation

#18

When Jack Frost Comes Nipping

Winter time for children means building snow castles, tobogganing and ice-skating. Unfortunately, along with winter come frostbite, hypothermia and fever.

As a parent or caregiver, make sure the child dresses in warm layers for winter activities and does not stay in the cold for prolonged periods. Include a water- and wind-resistant coat or snowsuit, mitts, hat, scarf and boots of ample size.

If your child shows any symptoms throughout the winter season of either frostbite or hypothermia follow these safety tips. If symptoms persist, seek proper medical aid for your child.

Frostbite is an inflammation of the skin from extreme cold.

Symptoms:

- affected area of skin is whiter than the surrounding area
- pain or stinging is felt, followed by numbness

Do Not:

- rub frostbitten areas
- apply strong heat, water or snow directly to the skin

Do:

- warm the area in your hands or an armpit
- for more severe frostbite, place the area in warm (not hot) water until colour returns
- serve a warm snack like soup or hot chocolate

If blisters form, do not break them but do protect them with a loose dressing. As the frost bitten area "thaws," the child will feel pain or a burning sensation. Severe frostbite without medical care could damage the child's toes and fingers.

Hypothermia occurs when a child in exposed to cold air, cool wind, wet clothing or prolonged immersion in water that leads to a drop in body temperature below normal.

Symptoms:

- uncontrollable shivering
- numbness in hands and feet

Do:

- put the child in a dry, warm place
- remove all wet clothing; dress in dry clothes and wrap in blankets
- cover the head and neck
- apply mild heat to armpits and groin, avoid direct contact with the skin
- if the child is fully conscious and can swallow, give him/her a warm sweet, non-alcoholic liquid. (Alcohol increases heat loss and should never be given to a person suffering from hypothermia.)
- donate heat to the child by removing your upper clothing and huddle with the child under blankets or a sleeping bag.

Hypothermia could be fatal if your child experiences any of the following:

- lack of coordination
- fumbling hands
- slurred speech
- memory lapse
- blurred vision
- shivering stops
- muscles become stiff
- unconsciousness

Infants will show the following signs:

- mottled cheeks
- no crying
- weak sucking

If hypothermia becomes life threatening, call an ambulance immediately.

Fever is the body's defence mechanism at work. Babies younger than six months old should see a doctor when they have fever. Older children with fever who seem otherwise well and are drinking enough liquid can be treated at home. However, they should also see a doctor if their fever lasts for more than 48 hours. Normal body temperature is 37°C or 98.6°F.

How to take a temperature with a digital thermometer (glass mercury thermometers are not recommended):
Under six years old:

- take the temperature under the arm
- place the silver end of thermometer in the child's armpit
- hold the arm firmly against his side
- keep the thermometer in place for at least 3 minutes or until it "beeps"

Above six years old:

- take the temperature by mouth
- place the silver metal end of the thermometer under the child's tongue for 3-4 minutes or until it "beeps"
- caution the child to keep her lips closed without biting on the thermometer

To reduce a high fever:

- remove excess clothing and covers
- give the child water, diluted juice or "flat" soft drinks.
- Acetaminophen is the best medication for a fever. Unless the child's doctor says otherwise, parents can give the dose recommended on the package until the child's temperature comes down.

Make sure winter is a safe, happy and healthy season for you and your child.

This information has been updated since its development for the Canadian Child Care Federation (CCCF) in 1992 by Sharda Baksh from ***ChildSafe: A Parent's Guide to First Aid and Safety*** *published by the Canadian Red Cross Society. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the CCCF, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 or 1 800 858-1412. Fax (613) 729-3159. Email orders@cccf-fcsge. Website www.cccf-fcsge.ca.* © CCCF 2004

RESOURCE SHEET

Canadian Child Care Federation

#79

Bringing Back Physical Activity Play in Childhood

Currently more than 43 per cent of children under 12 are considered overweight and are at risk for related health problems. In light of this, those caring for children are taking a closer look at the opportunities they offer for young children to take part in physically active play and to develop healthy lifestyles.

A number of factors have led to a decline in physical activity in childhood in recent years, including:

- Emphasis on children's cognitive development and academic skills — over motor skills. This emphasis ignores the interrelationship among the four development domains: cognitive, social/ emotional, language/linguistic and physical.
- An increase in the use of and the age of beginning to play video and computer games.
- Increased fear of injury (and litigation) due to physical activities, which tend to be more "risky."
- Concerns about the safety of neighborhoods and community play settings.

Most early learning and child care programs support a child's developing physical domain by including active play daily. However, like any program component, physical activity playtimes need to be regularly reassessed. How are the playtimes being delivered? What is the quality of the experience? How much time is allotted for physical activity play?

Because physical play is so important to the health and development of young children, experts recommend that practitioners observe, assess and adjust their early childhood programming to make physical activity a prominent, daily feature.

Tips to help you evaluate your program's physical activity

- Revisit your knowledge, thoughts and feelings about the purpose of child's play. You may be more comfortable with cognitive learning and less aware of the contributions of active play.
- Discuss the values of physical play, noting similarities and differences among social, emotional, cognitive and physical play values. Explore how physically active play supports the development of each domain.
- Explore your feelings about physical activity experiences in terms of risk management and in relation to provincial child care regulations.
- Identify the influences of effective role modeling of physical activity and current practices. Are parents and practitioners modeling a healthy active lifestyle for the children?
- Assess the available indoor and outdoor play spaces for their usefulness in offering physical activity experiences for the children. What experiences can be offered in small spaces and what can be offered in the outside play area or within the community?
- Assess the effectiveness of play environments for physical activity experiences that support inclusive practice.
- Consider physical activities that parents and practitioners enjoy that might also interest children.
- Identify your program's promising practices related to physical activity. Use these practices as a foundation for planning ways to increase the physical components.
- Discuss how the planning and documentation of physical activity experiences fits with programming in child-initiated and child-centered play environments.

Challenges to physical activity programming

- Perception that physical play (outdoor play) infringes on time necessary for academic learning.
- Attitudes about risk, weather conditions and cultural appropriateness.
- Inadequate indoor and outdoor play environments for inclusive play experiences that are developmentally appropriate.
- Inadequate knowledge; skills and attitudes emphasized in post-secondary early childhood education curriculum and student experiences.
- Variation in the interpretation of provincial standards for child care playground equipment and play materials.
- Limited access to resources, materials and programs.
- Limited access to early learning and child care practitioners who can model effective physical activity practices.

The physical activity program element is at the very centre of a child's development. Each decision to make program improvements provides an opportunity for early learning and child care staff to learn, set effective goals, develop as a team and a broaden understanding of the mandate for quality early learning experiences.

Self-reflective experience

▷ Participating in physically active experiences requires the use of cognitive and social/ emotional processes as well as physical skill. Therefore in the overall children's program design, it would seem . .

▷ It is possible to plan a child-centred children's program that would meet a centre's outcomes through physically active experiences alone. This could be achieved by . .

This resource sheet is one of 10 in a series on physical activity play in early learning and child care programs. Available on CD. Production has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase this resource sheet, contact the Canadian Child Care Federation, 201-383 Parkdale Ave., Ottawa, Ontario. K1Y 4R4. Phone (613) 729-5289 ext. 234 or 1 800 858-1412. Fax (613) 729-3159. Email orders@cccf-fcsge.ca. Website www.cccf-fcsge.ca. *© CCCF 2006*

RESOURCE SHEET

Canadian Child Care Federation

#11

Healthy Habits Include Fitness

The habit of exercise is one of the important gifts adults can give to their children. Exercise can not only be beneficial, but also fun when it becomes part of a child's playtime, building strength, coordination, balance and confidence. In a loving and secure atmosphere, a child can play and prepare to master each physical development stage successfully. The relationship the parent establishes with the child will constitute an excellent foundation for a lifetime of shared activities. A deliberate effort to develop children's physical and mental capabilities should be made before they enter the school system. This responsibility lies with the parent and/or caregiver.

Basic points to remember when exercising with a young child:

DO

- Dress the child in loose fitting clothes. If the weather is warm, the fewer clothes the better
- Babies and children relax more readily when they wear nothing or very little.
- Dress comfortably yourself in loose fitting everyday clothes.
- Let your baby go barefoot. Bare feet can be exercised and the baby's sense of touch developed.
- With an older child, if a shoe must be worn, choose a nonslip slipper or sneaker.
- Select a favourite toy for your child. This toy can be useful in relaxing the child, drawing attention to a movement, or initiating a particular exercise.
- Encourage initiative by choosing interesting and safe toys. Commercial toys are good, but usually children enjoy the things that parents use; for example, a pot, wooden spoon, potato masher. plastic container or other household item.
- Exercise on a mat, carpet or grass.
- Be totally committed to your child and this exercise session. If you are jumping up and down to answer the telephone or to do something else, the child will feel tense and much of the value of exercising will be lost.
- Adapt the time of exercising and type of exercises to the tempo of the day. It is useless to try to exercise and cook. It is also useless to try to exercise if your child is tired, hungry, and/or generally cranky. You and your child must both demonstrate a willingness to share this experience fully. A good suggestion is to play a favourite record to set a relaxing atmosphere throughout the activity session.
- Begin each exercise by talking and hugging; build trust based on reassurance and enjoyment.
- Select exercises at the beginning of each session to relax your child. Progress slowly, gradually introducing some of the more vigorous exercises at opportune times.
- Listen to your child, noting behaviour and gestures. Children know their capabilities best and will indicate when they are ready to stop an exercise.
- Encourage the timid and/or lazy child. Some children need more encouragement than others.
- Most of all, smile, cuddle and have fun.

DON'T

- Don't force your child's body. If there is evidence of resistance, try again another day.
- Don't tire your child. Do one or two exercises and if the child is having fun, then continue. If not, try another approach. If this approach fails, try some other time or another day.
- Don't compare the accomplishments of your child with another child's abilities. Each child is unique and will progress at his or her own pace.

The above material was adapted from the Moving and Growing series produced by Fitness Canada and the Canadian Institute of Child Health (CICH). The complete series includes exercises and activities for the first two years, for twos, threes and fours and for fives and sixes. This series was designed to provide parents and others involved in caring for young children with age-specific information about activities that enhance physical fitness and motor skill development. $5 per booklet or $12 complete series plus postage, handling, taxes. Copies available from the CICH, Suite 300, 384 Bank Street, Ottawa, ON K2P 1Y4. Phone (613) 230-8838; fax (613) 230-6654; Website www.cich.ca

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RESOURCE SHEET

Canadian Child Care Federation

#46

Making Active Choices Every Day

It is becoming increasingly important for parents to ensure that their children are active outside of school hours. Recent studies show that:

- almost 60% of today's children don't meet average fitness standards; 40% of five- to eight-year-olds are classified as obese
- the average Canadian child watches more than 26 hours of television and spends up to 30 hours sitting in school each week
- only 766 out of more than 15,800 Canadian schools have been recognized for quality physical education programs on a daily basis
- these days, play usually consists of computers and video games
- for convenience and safety, children are driven most places

Regular physical activity

- enhances academic achievement
- stimulates concentration, heightens memory and expands problem-solving skills
- decreases aggressive behaviours
- decreases susceptibility to stress
- may be more important than milk in bone growth
- lowers likelihood and levels of smoking and alcohol consumption in youth
- promotes activity and fitness levels into adulthood

For children and youth, regular physical activity is essential for normal healthy growth and development. It's time to take action and get children interested in being active.

Play active games

- Try "active play" charades in which one person acts out a game or activity and others guess what it is.
- Make up a dance routine to your children's favourite music. Compare your heart rates at the end of each dance.

Arrange outings with other families

- Challenge them to a game of catch or tag or create an obstacle course using objects from the house or yard. Keep a chart of the time it takes everyone to run the course and challenge everyone to improve their time.

Form a "family club"

- Meet regularly during the week or on weekends at a time when everyone is free. Try out different family activities like roller blading, skipping rope, playing tag and kickball. Use a soft foam ball or balloon to play indoor games like balloon softball or badminton. Record the activity in a scrapbook and have all "members" write what they liked about the game.

Be active while watching TV

- Stretch and run on the spot for three minutes before and after every TV show.
- Have a quick game of catch with a foam ball during commercial breaks.
- See who can do the most jumping jacks during commercials and who can increase the number they do over a month.
- Play "remote control hot potato" during commercial breaks by passing the remote control from person to person — whoever is left holding it at the end of the break has to lead the family exercise session after the show.

Active Living Quiz

1. How frequently do you and your children do things like walking, hiking or biking together?

☐ a) At least 2 or more times a week ☐ b) About once a week
☐ c) About once a month ☐ d) Never

2. Do you and/or your spouse participate in sports, fitness classes or workouts?

☐ a) Yes – 3 or more times a week ☐ b) Yes – at least once a week
☐ c) Yes – but infrequently (less than once a week) ☐ d) No

3. On average, how many hours a day in total does your child sit watching television and videos and playing computer games?

☐ a) 6 or more hours a day ☐ b) 3 to 5 hours a day
☐ c) 1 to 2 hours a day ☐ d) Less than an hour a day

4. Does your child participate in physical education classes at school?

☐ a) Yes – 4 to 5 days a week ☐ b) Yes – 1 to 3 times a week
☐ c) Yes – about once a week ☐ d) No

5. Does your child participate in school-based physical activities that are not part of their physical education classes?

☐ a) Yes – 3 to 5 days a week ☐ b) Yes – 1 to 2 times a week
☐ c) Yes – less than once a week ☐ d) No

6. Does your child participate in physical activities or sports that are not school-based?

☐ a) Yes – 3 to 5 days a week ☐ b) Yes – 1 to 2 times a week
☐ c) Yes – less than once a week ☐ d) No

Active Living Score Board

QUESTION	A	B	C	D
#1	3	2	1	0
#2	3	2	1	0
#3	0	1	2	3
#4	3	2	1	0
#5	3	2	1	0
#6	3	2	1	0

If You Scored Between:

0-5	*Two Thumbs Down:* It's time to get your family moving!
6-11	*One Thumb Up, One Thumb Down:* Not bad, but there's always room for improvement!
12-18	*Two Thumbs Up:* Congratulations! Keep it up.

Adapted by Sherry Scharff from materials provided by the Canadian Association for Health, Physical Education, Recreation and Dance (CAHPERD) and "Children's Health Quiz" and "Heart Smart Family Fun Pack," distributed through the Heart and Stroke Foundation of Canada. Contact CAHPERD for more information about physical education in schools. To obtain resources from the Heart and Stroke Foundation, call their Healthline at 1 888 HSF-INFO (1 888 473-4636). Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the CCCF, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 or 1 800 858-1412. Fax (613) 729-3159.

RESOURCE SHEET

Canadian Child Care Federation

#52

Supporting Your Child's Physical Activity

It is alarming that children today expend four times less energy than 40 years ago and do 75 per cent less exercise than children in 1980. Some 60 per cent of Canadian children do not meet average fitness standards. Girls are especially under-active. Even at four years old, a girl spends an average of four hours a week less than a boy being physically active, already believing that boys are better at physical activities than they are.

Activity is an important part of children's physical, mental and emotional development. Providing opportunities for them to develop physical skills reaps benefits in every aspect of their development, for the rest of their life. A positive attitude towards active play at an early age positively affects their later involvement in physical activity and fitness.

10 Ways to Encourage Your Child to Be Physically Active

1 Be an active role model yourself.

- Mom's participation in sport increased participation rates of her child by 22 percent.
- Dad's participation in sport increased participation rates of his child by 11 per cent.

2 Provide everyday clothing for your child that encourages free movement and mobility.

- Avoid fancy, frilly or stiff outfits or clothing your child has been told to "keep clean."
- For your own sanity, provide clothing that is easy-care.

3 Photograph your child being active.

- Enlarge the photo. Frame it. Hang it. Show your child you are proud of it!

4 Actively support your child's involvement in physical activity.

- Buy good equipment.
- Go and watch your child's games. Drive your child to and from practices. They are as important as games. Consider volunteering.
- Your child's physical activity is a priority. Don't make a child sacrifice involvement in sport to babysit or do housework.

5 Take your child to the park and be active together.

- Help your son and your daughter learn the fundamental skills of running, throwing, catching and kicking a ball.

6 Emphasize fun rather than competition and slimming attributes.

- Encourage your child to try a variety of new activities, and help her learn the skills and acquire the equipment she needs to participate.
- Avoid comments about your child's body size and shape. Love and support your child just the way s/he is.
- Don't undermine a child's confidence and take the joy out of playing. Help your child to learn the skills needed to enjoy sport.

7 Introduce your child to active women.

- All too often, women in sport are viewed as cheerleaders, water girls or chauffeurs. Both boys and girls need to be exposed to women who are athletes, coaches, officials and leaders in sport.
- Buy sports books about women athletes. Watch women's sport events on TV with your child. Take your child to women's sport competitions in your community.
- Read the sports pages with your child and follow the performances of Canada's great athletes such as Silken Laumann, Kate Pace, Angela Chalmers, Myriam Bedard, Ljiljana Ljubisic and Alison Sydor.

8 Plan active vacations or weekend excursions.

- Try hiking, crosscountry skiing, rafting.

9 Avoid comments about what boys and girls should or should not do.

- Make observations without making reference to gender. Avoid comments such as "you throw like a girl."
- Behaviour guidelines are for all children.

10 Plan activities within your child's abilities so your child can achieve success.

- Praise and encouragement will foster your child's self-esteem.

Adapted by Elaine Lowe [with permission] from a resource developed by the Canadian Association for the Advancement of Women and Sport, 1600 James Naismith Drive, Gloucester, ON, K1B 5N4. Phone: (613) 7485793,Fax: (613) 7485775, Email: caaws@caaws.ca Website: www.caaws.ca. Permission is not required to make photocopies of this resource sheet for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the Canadian Child Care Federation, 383 Parkdale Avenue, Suite 201, Ottawa, Ontario, K1Y 4R4. Tel 1 800 858-1412 or (613) 729-5289. Fax (613) 729-3159. Email orders@cccf-fcsge.ca. Website www.cccf-fcsge.ca. *© CCCF 2001*

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10 ways to encourage young children to be active

1. **Create and ensure safe access to play environments, both indoors and out.** Children need to develop their physical abilities in safe and comfortable settings.

2. **Be an active facilitator.** Adult participation in any physical activity increases the interest and enjoyment of children.

3. **Encourage appropriate dress.** Let families know that informal clothing that allows free movement and is appropriate to the season is preferable to outfits that need to be kept neat and clean.

4. **Offer opportunities for physical activity every day**, not just on special days. Active play that is as regular as lunch and nap time will help ensure that physical activity remains a natural part of children's daily lives.

5. **Plan activities that match children's abilities**, so they experience a sense of achievement. Recognize and praise improvement.

6. **Post images** of children moving and playing actively.

7. **Walk** to points of interest rather than going by vehicle. Model and share in the fun of walking to a park or playground for a spell of vigorous play.

8. **Emphasize fun, not competition**, and build basic skills with varied activities. Offer praise and encouragement.

9. **Practice fairness.** Avoid comparing individual children's abilities or relating gender with particular activities.

10. **Offer children a choice** of activity whenever possible, and lots of opportunities for unstructured play. Invite children to tell you what they'd like to do.

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Canadian Paediatric Society
www.caringforkids.cps.ca

Your child's development: What to expect

Watching your child grow and develop is one of the most exciting parts of being a parent. Especially in the early months, it seems every day brings a new skill.

Knowing what to expect will help you in many ways. If you're worried that your child is not reaching some milestones, you can mention it to your doctor. As well, if you know what skills are coming, you can be sure to take steps to keep your child safe (for example, keeping dangerous objects well out of reach before your baby starts crawling).

Development includes skills in several different groups:

- **Gross motor:** These are movements using the body's large muscles. They include sitting, standing, walking, running, keeping balance, and changing positions.
- **Fine motor:** These skills use the small muscles in the hands and fingers. Fine motor skills develop over time—using hands to eat, draw, dress, play, write, and many other things. Fine motor skills also involve hand-eye coordination.
- **Language:** Speaking, using body language and gestures, and understanding what others say.
- **Cognitive:** These are thinking skills—learning, understanding, problem-solving, reasoning, and remembering.
- **Social:** Connecting and having relationships with others, cooperating, and responding to the feelings of others.

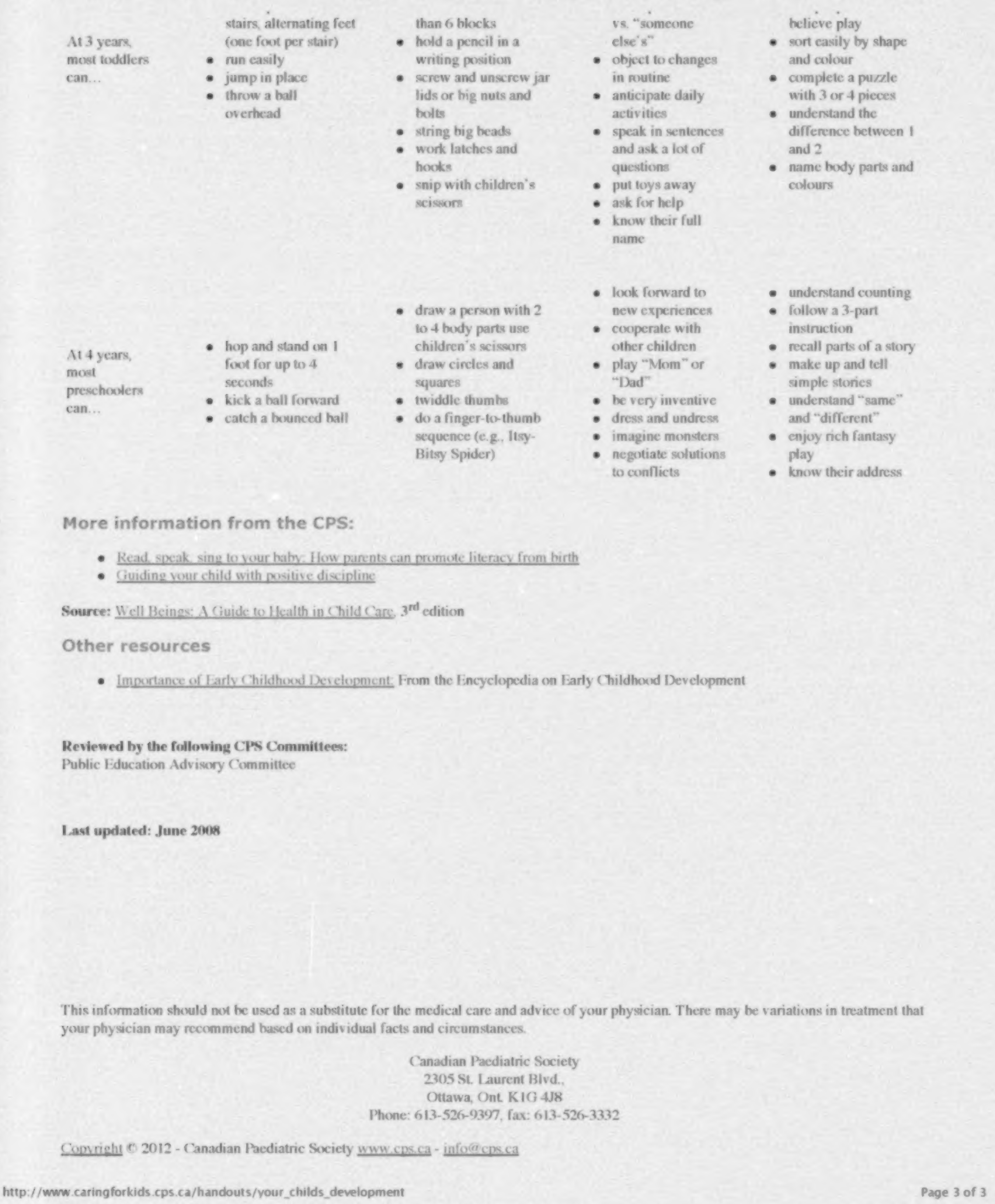
The table below is a general guide for development from birth to age 4. Remember, all children are different and develop skills at different times. It is not unusual for a child to be behind in some areas and ahead in others.

If you have any concerns about your child's development, or if your child seems to be behind in many of the areas listed below, speak with your doctor.

Age	Gross motor	Fine motor	Social/Language	Cognitive
At the end of 3 months, most infants can…	• roll from front to back • control head and neck movement when sitting • raise their head and chest when lying on their stomach • stretch out and kick their legs when lying on their stomach or back • push down with their legs when feet are on a firm surface	• bring their hands together • open and shut their hands • bring their hands to their mouth • take swipes at a hanging object	• smile when you smile and on their own • be expressive and communicate with their face and body • copy some body movements and facial expressions	• watch faces closely • follow moving objects • recognize objects and people they know
At the end of 8 months, most babies can…	• roll both ways (front to back, back to front) • sit on their own • support their whole weight on their legs • control their upper body and arms	• hold and shake a hand toy • move an object from hand to hand • use their hands to explore an object	• reach for a person they know • smile at themselves in a mirror • respond when other people express emotion • copy speech	• track a moving object, and find one that is partially hidden • explore with hands and mouth • struggle to get objects that are out of reach • look from one object to another watch a

At 12 to 14 months, most babies can…	• reach a sitting position without help • crawl on hands and knees, or scoot around on their bum • get from a sitting to a crawling or prone (on their stomach) position • pull up to a standing position • cruise, holding onto furniture • stand briefly without support • walk holding an adult's hand, and maybe take 2 or 3 steps on their own • start to climb stairs with help	• finger-feed using thumb and fore-finger • put objects into a container (and take them out again) • release objects voluntarily • poke with an index finger • push a toy • begin to drink from a cup • scribble with a crayon • begin to use a spoon	• be shy or anxious with strangers • copy during play • have favourite toys and people • test limits to actions and behaviours • put out an arm or leg to help when being dressed • take off socks • come when called (respond to name) • say "mama" or "dada" with at least one other word with meaning • communicate a need without crying • stop an action if you say "no"	• explore objects in different ways (shaking, banging, throwing, dropping) • know the names of familiar objects • respond to music • begin to explore cause and effect
At 18 months, most babies can…	• climb into chairs • walk without help • climb stairs one at a time with help	• build a 3-block tower • use a spoon well • turn a few board-book pages at a time • turn over a container to pour out the contents • drink easily from a cup	• say 5 to 10 words • follow a simple instruction • remove some clothing on their own • point to a named body part • point to familiar objects when asked • help with simple tasks	• use objects as tools • fit related objects together (e.g., in a shape sorter)
At 24 months, most toddlers can…	• pull a toy while walking • carry a large toy or more than one toy while walking • begin to run • kick or throw a ball • climb into and get down from chairs without help • walk up and down stairs with help	• build a tower of 4 blocks or more • complete a simple shape-matching puzzle • turn board-book pages easily, one at a time	• start to put 2 words together • copy the behaviour of adults and other children • get excited about being with other children • play alongside other children • show increasing independence • show defiant behaviour	• begin "make-believe" play
		• make up-and-down, side-to-side and circular lines with a	• show spontaneous affection for playmates they know • begin to take turns	• match an object in their hand or the room to a picture in a book

http://www.caringforkids.cps.ca/handouts/your_childs_development



At 3 years, most toddlers can…	stairs, alternating feet (one foot per stair) • run easily • jump in place • throw a ball overhead	than 6 blocks • hold a pencil in a writing position • screw and unscrew jar lids or big nuts and bolts • string big beads • work latches and hooks • snip with children's scissors	vs. "someone else's" • object to changes in routine • anticipate daily activities • speak in sentences and ask a lot of questions • put toys away • ask for help • know their full name	believe play • sort easily by shape and colour • complete a puzzle with 3 or 4 pieces • understand the difference between 1 and 2 • name body parts and colours
At 4 years, most preschoolers can…	• hop and stand on 1 foot for up to 4 seconds • kick a ball forward • catch a bounced ball	• draw a person with 2 to 4 body parts use children's scissors • draw circles and squares • twiddle thumbs • do a finger-to-thumb sequence (e.g., Itsy-Bitsy Spider)	• look forward to new experiences • cooperate with other children • play "Mom" or "Dad" • be very inventive • dress and undress • imagine monsters • negotiate solutions to conflicts	• understand counting • follow a 3-part instruction • recall parts of a story • make up and tell simple stories • understand "same" and "different" • enjoy rich fantasy play • know their address

More information from the CPS:

- Read, speak, sing to your baby: How parents can promote literacy from birth
- Guiding your child with positive discipline

Source: Well Beings: A Guide to Health in Child Care, 3rd edition

Other resources

- Importance of Early Childhood Development: From the Encyclopedia on Early Childhood Development

Reviewed by the following CPS Committees:
Public Education Advisory Committee

Last updated: June 2008

This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.

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RESOURCE SHEET

Canadian Child Care Federation

#38

Communicating with Children who have Special Needs

In describing a child with special needs, be sure to put the child before the disability. For example say "a child with a learning disability" instead of a "learning-disabled child."

Children with Intellectual Challenges

- Address children using simple but not childish words.
- State your request clearly and precisely.
- Stay calm and be ready to rephrase your request several ways.
- Use concrete examples frequently.
- To confirm a child has understood your message, discreetly request that he[1] repeat it.

Children with Visual Challenges

- Speak and act in your usual way. Avoid using terms that imply sight, such as "Watch, I'll show you how to do it."
- Avoid using references to "here" and "there." These words are not useful references for the child who cannot see.
- Respond verbally to questions. Head movements and hand gestures will not be noticed. Make your words precise and, before you use a figurative phrase, ensure that the child will understand its meaning in its context.
- Do not increase the volume of your voice (unless you know from medical records that this will help with an auditory concern). Avoid long pauses in your speech.
- Provide the child with an orderly routine. Avoid doing things for the child, even if it takes him longer than other children.

- Always let the child know where you are: tell him where you are in relation to him and let him know when you are leaving.

Children with Auditory Challenges

- Speak clearly using your normal speed and tone, articulating carefully but without exaggeration.
- Make sure you have the child's attention before you speak. Use all manner of gestures, facial expressions, actions and pictures to help the child understand language and gradually acquire it.
- Check frequently to make sure the child has understood. If he has not, rephrase your message, rather than merely saying it again.
- Hearing loss can cause delays in language development and difficulties with speech. You may have trouble understanding the child who has been deaf since birth. Don't hesitate to ask him to repeat himself. Your interest and encouragement will be motivators for future success.
- Rather than speaking for the child, give him many opportunities to express himself.
- To avoid prejudice, openly discuss his auditory challenge with his playmates and let them learn about his hearing aid.
- Make sure other children speak to the child calmly, clearly and one at a time.

Children with Physical Challenges

- Encourage children to express their own ideas and feelings.
- Encourage children to learn appropriate behaviours for the setting.
- Speak with the child about his physical challenge. Encourage him to explain to the other children how he deals with his disability and what his plans are for the future.
- As much as you can, let the child take care of himself.
- Allow the child's input into decisions that affect him, whenever possible.
- Discuss with all the children physical challenges in general. This way the child will not feel alone.
- Encourage children to come up with their own adaptations so they can make best use of the materials and resources.
- Help children concentrate their efforts on realistic, doable outcomes and channel their energies towards activities they have chosen as goals and priorities.

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[1] The masculine pronouns "he", "him" and "his" are used for simplicity and are intended to also represent "she", "her" and "hers".

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RESOURCE SHEET

Canadian Child Care Federation

#56

Early Identification for Children with Special Needs[1]

You may be the first to notice that a child in your child care setting has special needs. Perhaps no one has realized that a problem exists or perhaps parents[2] deny that their child has a problem. The family physician may have told the parents that the child will outgrow it. Yet parents need to know if you think their child has special needs. However, it is ultimately the parent's decision to seek help.

Taking the following 10 steps can lead to securing help for the child, the family and child care providers — everyone on the team.

❶ Observation

Observe the child at different times of the day. Document your observations without interpretation. Provide clear evidence of the child's difficulties and always include the child's strengths. Be concrete. *For example: In morning circle, child imitated hand and body gestures to songs. When story was read, got up from circle three times; teacher had to bring child back to the group.*

❷ Strengths and Needs

Develop a list of the child's strengths and needs.
For example: Strengths – enjoys the program; likes water play; plays with cars. Needs – unable to verbally communicate, grabs toys from other children.

❸ Consultation

Share your observations of the child with a supervisor. Decide on the best overall approach to help the child and family.
For example: Assign one person to spend more time with the child to build a positive relationship. That person should play a key role in communicating with the family.

❹ Building Rapport

Develop your relationship with the child's parents. Ask about the child at home: favourite toys, communication skills, response to routines. This valuable information can help you better understand the child. Often the parent has the same concerns about their child and is waiting for someone to validate and assist them in accessing help.

❺ Meeting with the Family

Arrange a meeting with the child's family. Be specific: *"I'd like to set up a time to talk with you about helping Johnny with his speech."* During the meeting, share specific examples of your observations, noting both the child's strengths and needs. Never diagnose or label the child. Put your feedback in the context of the child's ability to manage in a group setting. Come prepared with information about specialized services available to help the child and family.

❻ Patience

Allow the parent time to consider their options and make an informed decision. If the parent agrees to involve additional services to help their child, have the parent sign a consent form so you can make a referral to the appropriate service. If a parent chooses not to pursue the issue further, continue maintaining communication with the parent. Gaining a parent's trust takes time. Parents' concerns can emerge gradually. Invite parents into the program to observe and discuss their child's progress.

❼ Support Plan

Make a plan to support the child in your program using the expertise of your team. Set one or two specific goals that both teachers and parents can work on. Make goals achievable. Make a date for the team to review the child's progress. Set the child and team up for success. Teach the child skills that he needs.
For example: To facilitate play skills, turn taking and appropriate language, have one teacher sit with the child with special needs and another child from the group.

❽ Resources

Involve outside resources to provide support. Your provincial/territorial licensing consultant can help identify available services. A resource consultant can visit your program, assess the child with special needs and assist in developing an individual support plan. An effective consultant facilitates the partnership between the centre, the family and any outside resources needed.

❾ Training

Educate staff about the child's special needs through training by appropriate professionals. Circulate articles and/or videos to help staff better understand the child's particular needs.

❿ Policies

Ensure that your centre has an inclusion policy that covers ways to access support for the team. This policy should be included and reviewed with parents upon the child's enrollment. Make all community resource information available to all parents.

Notes

[1] A child with special needs refers to any child whose behaviour and/or development concerns you.

[2] Parent refers to the adult(s) responsible for the child when not in care.

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RESOURCE SHEET

Canadian Child Care Federation
Leaders in Early Learning

#97

How Do You Know That You Are Moving Toward Inclusion?

> *Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. (DEC/NAEYC, 2009: 2).*

There are many ways to think about inclusion. These range from "You know it when you see it" to the most detailed, scholarly definitions. But the fundamentals do not change.

As more children with special needs are included in community early learning settings, it is important to consider both overall program quality and inclusion quality – how well early childhood programs support individual children with special needs in an environment that is friendly, welcoming and enjoyable. Many practitioners respect the rights of children with disabilities to have access to the same community learning programs as other children, but may be concerned or confused about what resources are needed to ensure positive experiences for all of the children.

Research confirms[1] that inclusion quality does not happen by itself. *Practices* including adjustments and modifications to the physical environment, equipment and materials, director's attitude and involvement, staff support, staff training, therapies, individual program plans, parents, involvement of typical children, boards or similar units, and preparing for transition to school are all critical to inclusion quality. Confidence, competence and commitment grow as staff work with a variety of children with special needs and benefit from supports that facilitate their success.

SpecialLink: The National Centre for Early Childhood inclusion developed and tested a reliable and valid measure of inclusion quality (See the article "Assessing Inclusion Quality: What Gets Measured Counts!" in the Fall, 2010 issue of *Interaction*). The *SpecialLink Early Childhood Inclusion Quality Scale*, used by trained early childhood professionals, can be an effective, reliable tool to determine the quality of inclusion in child care programs and the capacities of programs to improve inclusion quality.

For more information on the ***SpecialLink Early Childhood Inclusion Quality Scale***, visit www.specialinkcanada.org

Inclusion in early learning centres includes six key principles:

- zero reject — no child is excluded on the basis of level or type of disability;
- natural proportions — programs include children with disabilities in rough proportion to their presence in the population;
- full participation — activities and routines are modified and adapted to include all children;
- same range of program options — parents of children with disabilities have the same options (eg., full day, part day, flexible hours) that other parents have;
- maximum feasible parent participation — parents are actively encouraged to participate in the child care program; and
- pro-action for community inclusion — staff and parents promote inclusion in the whole community.

(Irwin, S. (2009). ***The SpecialLink Early Childhood Inclusion Quality Scale***. NS: Breton Books.

Each of these elements must be present if inclusion is to be a reality in child care.

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1. (Irwin, S., Lero, D. & Brophy, K. (2000). *Inclusion: The next generation in child care in Canada*. NS: Breton Books, pp. 91-97.

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Canadian
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10 steps for meeting special health needs

1. Ask the child's parents to fill out a condition-specific medical form in consultation with their child's doctor.
2. Request that the form include specific instructions for managing the condition day-to-day.
3. Ask the parents to fill out and sign a *Medication consent form and record sheet* if needed, and record every dose given while the child is in your care.
4. Review medical information with the parents every 6 months or whenever their child's treatment changes.
5. Know the early signs and symptoms indicating that the child is experiencing difficulties with her condition.
6. Document observations about the child's health and behaviour—this may help the child's family and/or doctor with treatment.
7. Work closely with the child's parents.
8. Attend education sessions for the management of a specific condition.
9. Ask parents to demonstrate the proper use of any treatment devices, if needed.
10. Keep first aid and CPR skills current.

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Canadian Paediatric Society

Asthma action plan

Asthma episodes

Known triggers for this child's asthma (circle all that apply):

- cold viruses
- smoke and smoking
- allergies (e.g., dust, pollen, mould, feathers, animal dander, or other ______________________________)
- odours (e.g., paint fumes, aerosol sprays, cleaning materials, chemicals, perfumes, or other [e.g., foods] ______________________________)
- strenuous exercise
- weather conditions (e.g., cold air, weather changes, windy or rainy days)
- vigorous crying or laughing

Other (please specify): ______________________________

Name of irritant/allergy (e.g., perfumes in cosmetics, soap, aftershave)	Reaction (e.g., wheezing, coughing)

Is there a time of year when this child seems to have more asthma episodes?

☐ Yes ☐ No

If so, when? ______________________________

Typical signs or symptoms of this child's asthma episodes (circle all that apply):

- coughing
- difficulty breathing
- a wheezing or whistling sound when breathing out
- chest tightness

Other (please describe): ______________________________

Does this child tend to develop a very severe episode very quickly?

☐ Yes ☐ No

Additional comments concerning episodes: ______________________________

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Asthma management

Complete the following schedule

Medications for routine and emergency treatment of asthma for: Child's name			
Time	Medication name and dosage	Method (e.g., metered-dose inhaler and spacer)	How much
Morning			
Noon			
Afternoon			
Night			
Possible side effects, if any:			
Describe all other medications or products to be used when needed (e.g., ointments, antihistamines, sunscreens, etc.)	Name (e.g., salbutamol)	Reason used (e.g., to relieve symptoms)	How often (e.g., only as needed)
Parent's permission to follow this medication plan	Date:	Signature:	

Reminders

1. Administer medication as specified and record on the child's *Medication consent form and record sheet*.
2. If the episode seems unusually severe or persistent, **call 911** (or emergency services where 911 service is unavailable).
3. If the attack persists but is not severe, advise the parents to pick up their child early and see a doctor.

Questions or concerns to be discussed with the child's doctor:

Name, address and phone number for child care centre or home setting

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Diabetes action plan

Diabetes management

Blood sugar (glucose) monitoring

Target range is: ____________________

* Note: Most preschoolers have a target range of 6 mmol/L to 12 mmol/L prior to meals.

Usual times to check blood sugar: ____________________

Other times to check blood sugar (e.g., before or after exercise, or if the child shows signs of feeling "low"):

Times when parents want to be notified immediately ____________________

Parent responsibilities:

☐ Provide glucose meters, test strips, lancing device and lancets, and batteries.

Program responsibilities:

☐ Help monitor levels by:

____

____

☐ Record blood sugar levels in the child's *Diabetes daily care record.*

Additional information: ____________________

____

____

Insulin injection

For a child using an insulin syringe/pen:

Parent responsibilities:

☐ Determine staff willingness to administer insulin injections and help with their training.
☐ Provide insulin vials and syringes, or insulin pen and supplies.
☐ Provide a container to dispose of sharps.

Other: ____________________

____

Program responsibilities:

☐ Determine their role in giving insulin, in collaboration with the child's parents.
☐ Enlist support of a community nurse to ensure staff comfort and competance with giving injections.
☐ Administer an injection.
☐ Record the injection on the child's *Medication consent form and record sheet.*

Other: ____________________

____

Name, address and phone number for child care centre or home setting

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For a child using an insulin pump:

Parent responsibilities:

☐ Help train program staff to administer insulin using a pump.
☐ Ensure that the pump is in good working condition.

Program responsibilities:

☐ Check the child's blood sugar levels at the times requested by parents.
☐ Administer the correct dose based on blood sugar level and carbohydrates provided.
☐ Record the dose on the child's *Medication consent form and record sheet.*
☐ Take some simple, problem-solving steps to ensure the pump is working if a blood sugar reading is unexpectedly high.
☐ Attend education sessions on managing children's diabetes.

Food management

Regular times for meals and snacks: ____________________

Parent responsibilities:

☐ Provide a daily snack containing carbohydrates (e.g., cheese and crackers).
☐ Provide program with a back-up supply of fast-acting sugar (e.g., glucose tablets or gel, honey).
☐ Label meals/snacks provided with their carbohydrate content, in grams, for children using a pump.

Other: ____________________

____

Program responsibilities:

☐ Ensure that meals and snacks are offered on time.
☐ Share meal plans with parents in advance.
☐ Keep a back-up supply of fast-acting sugar on hand.
☐ Advise parents of special days involving food.

Other: ____________________

____

Instructions for when food/treats are provided for the group for a special event: ____________________

____

____

Instructions for days involving extra activity: ____________________

____

____

Additional information: ____________________

____

____

____

Name, address and phone number for child care centre or home setting

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Typical signs or symptoms of this child's hypoglycemia (circle all that apply):

- headache,
- pallor (pale skin colour),
- fatigue/drowsiness,
- confusion/inattention,
- moist cold skin/sweating,
- hunger,
- irritability,
- dizziness/ shakiness,
- rapid pulse rate, and
- loss of coordination.

Other (please describe):

Can your child recognize his/her own low blood sugar signs?

☐ Yes ☐ No

If so, how might she/he describe feeling "low"?

What is usually given to treat low blood sugar?

Reminders

If in doubt, treat a child's symptoms:

If child is conscious:

1. Check the child's blood sugar level, if possible.
2. If the child's blood sugar is under 6 mmol administer fast-acting sugars immediately. Repeat in 10 to 15 minutes if symptoms persist.
3. Once the reaction subsides, offer a snack of cheese and crackers. Don't change the time for the next scheduled meal or snack.
4. Stay with the child until you are sure that recovery is complete.

If the child is unable to swallow, unconscious or having a convulsion:

1. Turn the child on her side.
2. **Call 911** (or emergency services where 911 service is unavailable).
3. Don't attempt to give anything by mouth.
4. Only administer glucagon if you have been trained to do so.

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RESOURCE SHEET

Canadian Child Care Federation

#70

Caring for children with fetal alcohol syndrome

Fetal Alcohol Syndrome (FAS) describes a range of physical and mental problems caused by a woman drinking alcohol while she is pregnant. FAS can be prevented – so the safest choice for a pregnant mother is not to drink any alcohol. Health Canada estimates that, in this country alone, one child is born with FAS every day. The rate in some Aboriginal communities may be significantly higher. When caring for a child with FAS, it may be difficult for you to move beyond feelings of remorse or resentment that the condition could have been prevented. However, it's important to focus on what you can do *now* to help the child.

Some children with FAS may show little or no physical effects at all, and may be identified as having Fetal Alcohol Spectrum Disorder (FASD) – also known as Fetal Alcohol Effects (FAE). FASD is *not* a milder form of FAS. While children born with FASD usually do not show the effects of the alcohol damage on their faces, the internal damage to the brain can be just the same and just as serious.

How does FAS affect children?

Most babies born with FAS share a certain look. They are small in size, with a small head and small, widely spaced eyes and drooping eyelids. They may also have a flat mid-face, with a short nose, a long, smooth area between the nose and lips, a thin upper lip and pointed chin. These facial characteristics may not be obvious right after birth, but may become more apparent between the ages of two and 10, and then may fade again in adulthood.

Most infants with FAS don't eat well or sleep well; they may be sick a lot; they are irritable and may over-react to light, sound or touch. They learn to walk and talk later than other children.

Most children with FAS continue to be delayed in developing basic physical and mental skills – such as climbing or speaking a complete sentence – and some have lower than normal IQs (intelligence quotients). Most find it hard to pay attention in a distracting environment; they do not easily understand abstract concepts like math, time or money; they find it difficult to solve problems or to learn from experience; and they have poor judgement and impulse control – they will do something even if they know it is wrong or dangerous.

How to live with FAS

There is no cure for FAS. Children do not grow out of it, but they can be helped.

Early diagnosis is essential. It is not always easy to see the physical signs of FAS, and it may take time for the brain damage to become apparent. Professional support services, early in the child's life, can significantly increase the child's chance for a productive life. A child's brain is at its most receptive stage in infancy and early childhood, and programs that stimulate the development of both physical and intellectual skills now can make a big difference later.

Because they are essentially unable to regulate or control their own behaviour, children with FAS need stability, careful supervision, structure and consistency even more than other children.

Tips for parents and caregivers

Establish clear rules and explain them in simple language. For example, "Your bed time is 8 pm. You have to go to bed at 8 pm every night." Be prepared to repeat yourself each day, and to use the same words every time.

Follow the same routine every day. If you have to change the routine, give the child lots of advance warning.

Be concrete when teaching a new skill or behaviour: *show* the child what you mean, and show it in different contexts (most children with FAS find it difficult to transfer skills or behaviour to another place or situation – from home to child care centre, for example, or from a list on the blackboard to outside at recess).

Break each task down into small, manageable steps to help develop and support the child's self-esteem. Provide choices and encourage the child to make his own decisions. Praise him when he masters a new step or makes a decision; show unconditional love even when things go badly.

Use creative approaches to guiding a child into appropriate behaviour. For example, if you ask a girl with FAS why she did something she should not have done, most likely she will tell you "I don't know." And it's true, she really doesn't know, and giving her a time-out or other form of discipline will not help her figure it out. Trying to prevent situations that lead to inappropriate behaviour is the best strategy.

Current Research on Fetal Alcohol Syndrome

The Centre of Excellence in Early Childhood Education (CEECD) has published a number of reviews of research by leading international experts on FAS, which are available on the website (www.excellence-earlychildhood.ca). The CEECD is committed to improving our knowledge of the social and emotional development of young children.

Adapted from an article prepared by the Canadian Child Care Federation (CCCF) for the Canadian Health Network (CHN). The CHN (www.canadian-health-network.ca) offers a comprehensive list of on-line materials on FAS and its prevention and treatment. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase or reprint this resource sheet, contact the CCCF, 201-383 Parkdale Ave., Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 or 1 800 858-1412. Fax (613) 729-3159. Email info@cccf-fcsge.ca. Website www.cccf-fcsge.ca.

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RESOURCE SHEET

Canadian Child Care Federation

#86

Building Partnerships with Families

Children feel more secure in their child care setting when they see their family members and their child care practitioner in a respectful relationship. They also learn social and communication skills by observing the adults around them talking and solving problems together. Here are some ways to strengthen your partnership with parents in caring for their children.

Create a welcoming atmosphere

- Meet parents and children at the door with a **smile and a pleasant greeting** every day. Let them know you are happy to see them.
- Be aware of your **body language**; what does your posture and the way you move say about your attitude to families?
- Let families know that **your door is open**. Encourage them to participate in whatever way suits their schedule, their interests and their talents.
- Make your setting **comfortable for adults** by having adult-sized chairs and a place to hang their coats.
- Look for ways to **bring together the families** whose children you care for, for example at an annual picnic, regular potluck suppers, an outing to a special event in your community.

Communicate clearly and frankly

- **Share information** about the child's day. Did they nap well? Was their appetite good? Any special activities, events or outings? Information can be shared in conversation, in writing, or with photos.
- **Suggest topics of conversation** for parents with their children. For instance, "You may want to ask Joey about the bird we saw at the park today." **Encourage families to do the same for you**. This strengthens the link between home and child care.
- **Listen** to what parents say and let them know that the information they give you about their child is important to you by acting on their suggestions whenever possible.
- Offer a **positive observation** about the child every day at pick-up time, even if it's been a difficult day. Share an amusing story or describe a new accomplishment. **Be specific**. For instance, "Mina put away all the blocks today," instead of "Mina was a good girl today."
- If you have something negative to report, use the **"sandwich" technique**. Start off with a positive remark, describe the problem behaviour, and finish by describing something positive the child has done. Express confidence that the problem behaviour will improve with time.
- Be aware that other people are listening, both children and parents. **Save sensitive subjects** for more private conversations.

Respect differences

- **Validate families' culture and language.** If families are of a culture different from your own, ask them to suggest materials and activities that you could use in your program that reflect their culture. Ask them to teach you words, simple phrases and children's songs in their language that you can use with the children.
- **Validate family diversity.** Look for ways to show a variety of family structures in your activities and stories: moving between separated parents, living with grandparents, having two mothers, living with half-brothers and half-sisters, etc.

Build on strengths

- **Describe** back to families something you saw them doing well. For instance, you could say, "I noticed that you handled your daughter's frustration quite smoothly this morning. You really helped her start our program activities more easily."
- **Notice families' efforts** and **show your appreciation**: "I can see you're really working on the routine you decided on for leaving here in the morning. It's already making a difference."
- **Help families make the most of their strengths.** Ask, "Tell me about a time when you have fun together and things go well." Then look for ways to apply those same strategies and characteristics to make problem situations go better.
- **Avoid judging and blaming families**. If you find yourself thinking negatively about a family, reframe your thought from a judgement to curiosity: Ask yourself, "I wonder if there's some reason for their behaviour that I don't understand yet?" With this attitude, you will be more open to listening to them and they will be less defensive when talking to you.

It takes an open, respectful attitude and clear communication to build successful partnerships. On this solid base, you can work out common goals and share decision making with families. Together, you will be able to make the connections between home and child care that will enhance children's development.

Prepared by Betsy Mann for the Canadian Child Care Federation. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase this resource sheet, contact the Canadian Child Care Federation, 201-383 Parkdale Ave., Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 or 1 800 858-1412. Fax (613) 729-3159. Email info@cccf-fcsge.ca. Website www.cccf-fcsge.ca. © CCCF 2008.

SECTION 10

REGULATIONS 32 TO 38

MEALS, SNACKS AND MENUS

Section 10

Regulations 32 to 38

MEALS, SNACKS AND MENUS

This section looks at requirements for food provided at child care facilities. It covers:

- nutritional standards
- requirements for developing menus
- safe food handling
- how often children must eat
- the eating/feeding requirements for infants
- dealing with allergies and other special requirements
- drinking water

REGULATION 32(1) AND (2)

Nutritional Standards and Country Food

REGULATION 36(1) AND (2)

Post Menus and Changes in Advance

32(1)

An operator shall ensure that each child attending a child day care facility is provided by the operator, or by the child's parent, with nutritious food that is selected in a manner consistent with the guidelines set out in the *NWT Food Guide* published by the Department of Health and Social Services, Government of the Northwest Territories or in *Eating Well with Canada's Food Guide* published by Health Canada.

32(2)

An operator may serve country food in a child day care facility provided that, if section 56 of the *Wildlife Act* applies in respect of the food to be served, the operator has obtained the permit required by that section.

36(1)

Menus must be prepared and posted a week in advance in a conspicuous place in the child day care facility.

36(2)

Any changes to the menu most be posted at least one day before the meal is served.

Why

- To ensure that food served to children is appropriate and nutritious.
- To ensure that parents are aware of the food that is planned for meals and snacks.

What it means

- The operator must serve nutritious food, following the *NWT Food Guide* or *Eating Well with Canada's Food Guide*.
- The annual inspection by the Regional Consultant will include checking menus. See the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).
- The operator can provide the food or the parent can provide the food.
- If the operator serves country food, they must have a permit to do so.
- Menus must be posted at least one week in advance. (They could be posted for a few weeks at a time).
- Any menu changes must be posted at least one day before the food is served.

Related regulations

- ⇔ 35: The operator must provide snacks and meals according to the schedules in this regulation.
- ⇔ 37: The operator must inform staff of food allergies, special diet requirements or special feeding arrangements, and post this information where it can be easily seen in any areas where food is prepared or served.

How to...

- ✓ Save time by planning written menus for a four week period, and then repeating the menus.
- ✓ Ask a nutritionist or other health professional to help, or to review the menus to make sure they follow the *NWT Food Guide* or *Eating Well with Canada's Food Guide*, or to suggest substitutions.
- ✓ Review the menus every four weeks and revise if necessary – for example, to take into account seasonal produce, seasonal events, community hunts, etc.
- ✓ Post menus on the information board at least one week in advance, and up to several weeks in advance.
- ✓ Post any menu changes as soon as possible, but at least one day ahead. Highlight changes to draw parents' attention to them.
- ✓ If you have a permit to serve country food, make sure it is available for review by parents and inspectors.
- ✓ Be sure to cross-reference known allergies (Regulation 37) with planned menus. If a child has life threatening food allergies it may be simplest to eliminate those foods from menus altogether, rather than risk exposure to those foods – even traces of them can be deadly for some children.
- ✓ Review groceries on hand each week to determine what you need or if a menu change is in order – for example, if you have extra oranges you're going to want to make sure they're on the menu.
- ✓ If a parent brings food for a child, ask them to label the food with the name of the child, how it needs to be stored (e.g. in the fridge) and how it needs to be served (e.g. heated up).
- ✓ If a parent provides food that is not nutritious – e.g. chips for snack – tell the child to put the food away and take it home, give the child a healthy snack, and talk to the parent when the child is picked up.
- ✓ Give parents examples and ideas for nutritious snacks and lunches, as well as foods to avoid.

Resources

Eating Well with Canada's Food Guide
www.hc-sc.gc.ca
> Food and Nutrition
> Canada's Food Guide

Well Beings: A Guide to Health in Child Care (3rd edition)
Chapter 3: Nutrition
Order from www.caringforkids.cps.ca
> Bookstore

Healthy U (Alberta Health and Wellness)
www.healthyalberta.com
> Free Healthy Eating and Active Living Resources
  > Enter Resources into the Healthy U search box. Look for
  > Healthy Eating and Active Living for Your 1 – 4 year old (or 5 – 11 year old), or
  > Enter Introduction to Healthy Eating into the Healthy U search box for ideas on how to include healthy eating "lessons" into the daily program and establish healthy habits at a young age.

Section Resources
NWT Food Guide......................................R10-1
Healthy Eating for Children R10-3
Eating Well Together Meal Planner..............R10-6
Healthy Snacks for Children.......................R10-11
Food Guide Serving Sizes for 1-4 Years R10-13
Food Guide Serving Sizes for 5-11 Years R10-15
Food Allergies and Intolerances................R10-17

REGULATION 33

Safe Food Storage, Handling and Serving

An operator shall comply with the *Public Health Act* and regulations made and standards adopted under that Act applicable to the storage, handling and serving of food.

Why

- To ensure that food is stored, handled and served safely.
- To limit bacteria and the spread of germs.

What it means

- Procedures for storing, handling and serving food must meet or exceed all health regulations and guidelines.
- Annual inspections by the Regional Consultant and EHO will include reviewing procedures for storing, handling and serving food. See the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

Related regulations

- 21(2)(c): Equipment, including kitchen equipment, must be washed and sanitized according to a schedule set by the Director.

How to...

- ✓ Ask the Regional Consultant or EHO for information, suggestions and guidelines at any time. Don't wait for your annual inspections.
- ✓ Store perishable foods in the refrigerator, making sure the thermometer is working and keeping the refrigerator at 4°C (40°F) or colder.
- ✓ Store frozen foods at -18°C (0°F) or colder. Defrost under cold water, in the refrigerator, or in the microwave. (If you defrost in the microwave, cook food immediately.)
- ✓ Store other foods according to the directions on package labels.
- ✓ Keep foods in their original packaging – less handling means less chance of cross-contamination.
- ✓ Use foods before the 'best before date'.
- ✓ The key to safe food handling is frequent hand washing, and washing and sanitizing surfaces such as counters and cutting boards.
- ✓ Post hand washing instructions in food preparation and serving areas and ensure staff follow them – hot, soapy water for at least 20 seconds before handling food, and after handling raw meat or poultry, using the bathroom, changing diapers or touching pets.
- ✓ Use plastic cutting boards – wooden ones build up harmful bacteria – ideally different colours for different purposes (e.g. green for vegetables, red for meat, yellow for chicken, etc.)
- ✓ Wash cutting boards, knives, utensils and counter tops with hot soapy water after preparing each food, before going to the next one. Sanitize these with a mild bleach solution at least once a day.
- ✓ Always wash raw fruits and vegetables in clean water. You cannot tell whether foods carry surface bacteria by the way they look, smell or taste.
- ✓ Keep raw meat away from ready to eat foods.
- ✓ Ensure you kill harmful bacteria by cooking food until it reaches the proper temperature:
  - 71°C (160°F) for ground beef,
  - 74°C (165°F) for leftover food, and
  - 82°C (180°F) for whole poultry.
- ✓ Don't guess. Use a digital instant-read food thermometer to check when meat and poultry are safe to eat. If you have to check more than once, wash the thermometer in hot soapy water before using it again.
- ✓ Eat cooked food while it is still hot. Bacteria can grow when food is allowed to cool down slowly.
- ✓ Store leftovers in clean containers, in the refrigerator.
- ✓ When in doubt, throw it out.

Resources

Section Resources
Cleaning and Sanitizing Schedule R10-19
Safe Food Handling.................................R10-21
4 Step Food Prep –
includes proper hand washing..................R10-26

REGULATION 34(1)

Feeding Infants

A child under 18 months of age must be:
(a) attended by an adult while eating; and
(b) given only foods of low choking potential.

Why

- To ensure that young children are supervised and safe while eating.

What it means

- An adult must be with infants at all snack and meal times.
- Food for children under 18 months must be small and/or soft. See How to…, at right.

Related regulations

- 61(2): Primary staff in centres must be trained in infant and child CPR.
- 63(2): Family day home operators must be trained in infant and child CPR.

How to...

- ✓ Make sure a staff member is with infants when they are eating.
- ✓ Choose soft foods whenever possible.
- ✓ Cut food into small bite-size pieces, approximately the size of an adult's thumb tip.
- ✓ Do not serve children under four years popcorn, nuts, raisins or hard, round candies.
- ✓ Slice grapes in half or quarters.
- ✓ Slice hot dogs and sausage in strips. Cut the strips into bite-size pieces.
- ✓ Cut fruit into bite-size pieces. Remove pits and seeds.
- ✓ Spread peanut butter thinly. Never serve peanut butter from a spoon.

Resources

Well Beings: A Guide to Health in Child Care (3rd edition)
Chapter 11: Emergencies
> Choking
Order from www.caringforkids.cps.ca
> Bookstore

REGULATION 34(2)

Bottle Feeding

When a child attending a child day care facility is bottle fed, an adult must hold the child and the bottle at all times during the feeding.

Why

◆ To ensure safe and supervised infant feeding.

What it means

☞ An adult must hold the infant and the bottle at all times during bottle feeding.

How to...

- ✓ Provide a quiet and comfortable place for staff to sit calmly with a child while bottle feeding.
- ✓ At twelve to fourteen months children should be weaned off bottles and drink from a regular child-size cup.

REGULATION 35

Meal and Snack Schedule

There must be no more than:
(a) 3 hours between meals or snacks for children over 10 years of age; and
(b) 2½ hours between meals or snacks for children 10 years of age and under.

Why

◆ To ensure age-appropriate time periods between snacks and meals.

What it means

☞ Children over 10 years of age must have a snack or meal at least every 3 hours.

☞ Children 10 and under must have a snack or meal at least every 2½ hours.

Related regulations

⇔ 38(1): Children must have access to drinking water at any time throughout the day.

How to...

✓ Include in the daily schedule times for morning and afternoon snack, and lunch, making sure the schedule meets the time requirements in the shaded box.

✓ Provide an after school snack for school-age children.

✓ Make sure children have access to water at any time during the day.

REGULATION 36(1)

Post Menus a Week Ahead

This regulation has already been explained with Regulation 32, Nutritional Standards.

REGULATION 36(2)

Post Menu Changes at Least a Day Ahead

This regulation has already been explained with Regulation 32, Nutritional Standards.

REGULATION 37

Allergies, Special Diets and Feeding Arrangements

An operator of a child day care facility shall ensure that:

(a) information about food allergies, special dietary requirements, and requirements for special feeding arrangements of all children attending the facility are posted in a conspicuous place in food preparation areas and serving areas; and

(b) in the case of a centre day care facility, all staff persons are informed of a child's food allergies, special dietary requirements or requirement for special feeding arrangements.

Why

- To protect children with known food allergies.
- To meet the needs of children with special dietary requirements or feeding arrangements.

What it means

- The operator of a centre must inform all staff of any child with allergies and/or special diet or feeding requirements.
- All operators (centres and family day homes) must post the information about a child's allergies and/or special diet or feeding requirements in all food preparation and serving areas.
- Food allergies mean that when a child eats certain foods an allergic reaction is triggered. Allergic reactions range from mild to life-threatening.
- Special diet requirements means the child needs to have, or needs to avoid, certain foods. For example: a child with anemia needs more iron in the diet; a child with celiac disease needs to avoid wheat, rye, oats and barley.
- Special feeding arrangements means the child needs extra time, assistance, supervision or equipment when eating.
- Children with severe food allergies may need to have a special drug called epinephrine at the facility. Epinephrine – sold as EpiPen or Twinject – has to be injected into the thigh muscle if the child is having a severe allergic reaction – also called anaphylaxis.

Related regulations

- ⇔ 11(2)(k): The parent must provide information on food allergies or special dietary or feeding arrangements on the child's application for enrolment.
- ⇔ 11(3): The parent must provide the operator with an annual update on any condition(s) relevant to the care of the child.
- ⇔ 36(1): The operator must plan and post menus at least a week in advance.
- ⇔ 36(2): The operator must post menu changes at least a day in advance.

How to...

- ✓ Take the time to understand and inform yourself about any allergies and special diet or feeding arrangements for children in the facility.
- ✓ Centre operators, make sure all staff review children's allergy information and/or special diet or feeding requirements on a regular basis.
- ✓ Ask parents of children with food allergies if the child has an EpiPen or Twinject autoinjector. If yes then ask the parent to provide you with one to have on hand at the facility. Check the expiry date and ask parents to replace outdated autoinjectors.
- ✓ Centre operators, make sure all staff know what to do if a child is having a life-threatening allergic reaction to food – also known as anaphylaxis.
- ✓ In all areas where food is prepared or served, post an allergy list with the child's name and photo, the allergy, what the child's reaction would be if they were exposed to the food, and what the operator or staff response should be.
- ✓ In all areas where food is prepared or served, post a 'special requirements' list with the child's name and photo, the special dietary requirement and/or feeding arrangement and any relevant instructions for the operator or staff.
- ✓ Understand the importance of taking immediate action if as child is having an allergic reaction – to food or anything else. "Waiting to see if the reaction gets worse" can mean the difference between life and death. Centre operators, make sure that all staff understand this as well.
- ✓ If a child has special medication, such as an Epipen, include this information on the above list, along with the location of the medication. See Regulation 45 for a complete list of requirements for administering medication.
- ✓ If a child has life threatening food allergies it may be simplest to eliminate those foods from menus altogether, rather than risk exposure to those foods – even traces of them can be deadly for some children. If you decide to ban a food from the facility – for example, peanuts – post a No Nuts notice where it can be seen easily and remind parents regularly.

Resources

Well Beings: A Guide to Health in Child Care (3rd edition)

Chapter 10: Chronic Medical Conditions
- > Allergies
- > Anemia
- > Celiac Disease
- > Diabetes

Chapter 11: Emergencies
- > A to Z first aid measures
  - > Anaphylaxis

Order from www.caringforkids.cps.ca
> Bookstore

Section Resources

Food Allergies and Intolerances	R10-17
Diabetes Action Plan	R10-28
Anaphylaxis Emergency Plan – EpiPen	R10-31
Anaphylaxis Emergency Plan – Twinject	R10-33

REGULATION 38(1) AND (2)

Safe Drinking Water and Cups

38(1)

Children in attendance at a child day care facility must have ready access to a pressurized drinking water supply approved by a public health officer.

38(2)

An operator shall maintain disposable or separate drinking cups for each child in a manner acceptable to a public health officer.

Why

- To ensure that children have safe and easy access to drinking water throughout the day.
- To prevent the spread of germs, illness and disease.

What it means

- The drinking water supply must meet the approval of the EHO.
- Children must have access to water at any time throughout the day, as needed.
- Cups must be either disposable, or the operator must have a separate cup for each child, approved by the EHO.
- Annual inspections by the Regional Consultant and EHO will include reviewing procedures for drinking water. See the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

How to...

✓ If the facility is on trucked water, clean and disinfect the storage tank regularly – at least once a year or whenever water in a glass does not clear up within one minute. Ask the EHO for help and for a copy of the pamphlet *Clean Your Water Tank*.

✓ Store drinking cups so that children can access them, and water, independently.

✓ Teach children what to do with cups after drinking to prevent the spread of germs. For example: put disposable cups in the garbage, or put reusable cups in the sink for washing.

✓ If cups are disposable place a garbage container near the tap.

✓ If cups are disposable use environmentally friendly cups – ones that are all paper – not plastic, Styrofoam, or plastic covered with paper.

✓ Wash reusable cups in hot, soapy water after each use.

✓ Instead of having a cup for each child, have plenty of clean glasses. Teach children to take a clean glass from "here" and place it "there" after use.

Resources

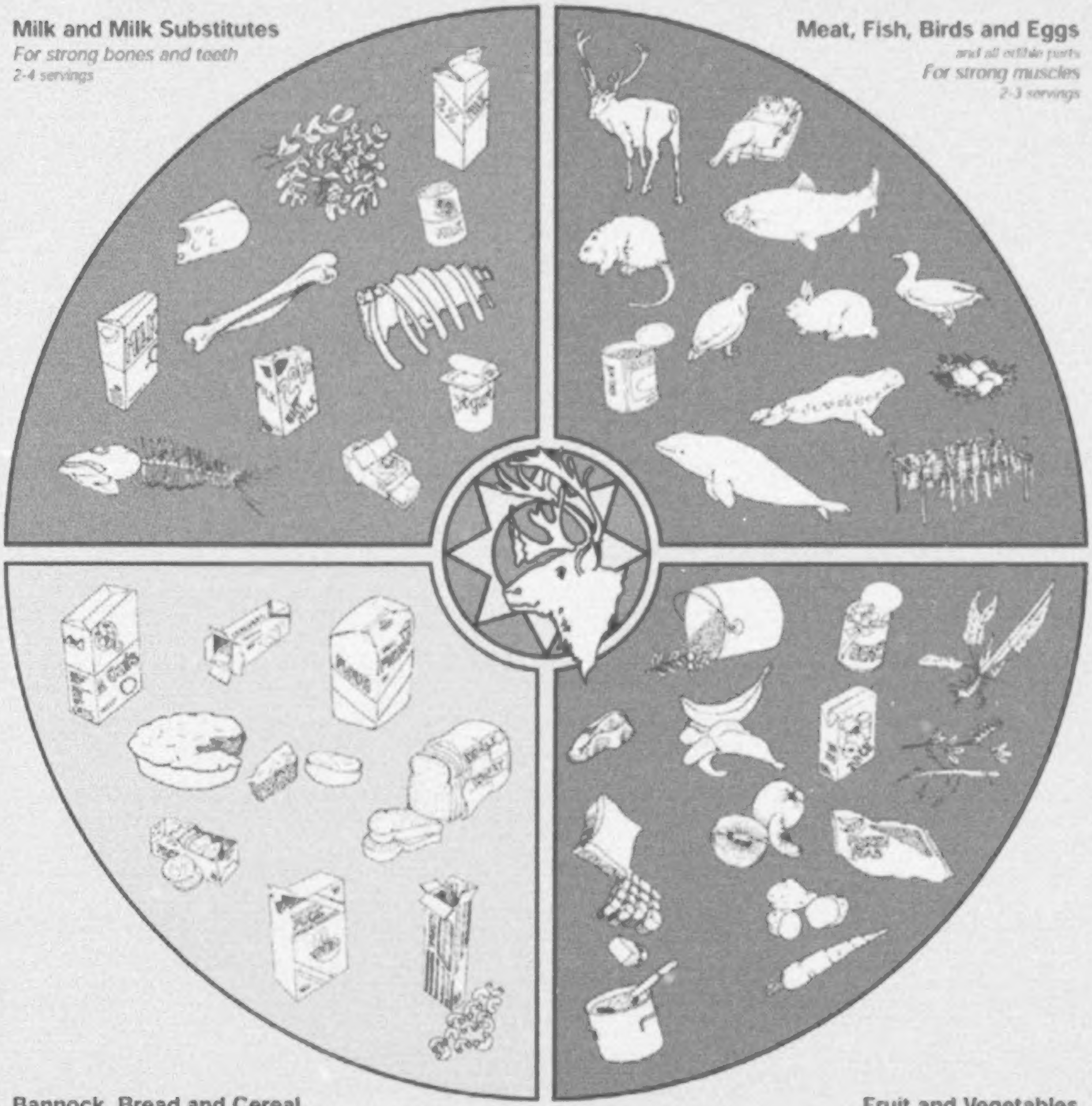
- *Clean Your Water Tank* – pamphlet available from the EHO
- Section Resources
  Cleaning Instructions for Drinking Water Storage Tanks R10-35

NWT Food Guide

Eat foods from each group every day for health

Milk and Milk Substitutes
For strong bones and teeth
2-4 servings

Meat, Fish, Birds and Eggs
and all edible parts
For strong muscles
2-3 servings



Bannock, Bread and Cereal
For energy
5-12 servings

Fruit and Vegetables
For good eyes and skin and less infection
5-10 servings

Northwest Territories Health and Social Services
Updated March 2005

NWT Food Guide

Eat a VARIETY of foods from each food group and drink plenty of water every day for health

Milk and Milk Substitutes

Children up to 11 years: *2-3 servings*
Adolescents: *3-4 servings*
Adults: *2 servings*
Pregnant and Nursing Mothers: *3-4 servings*

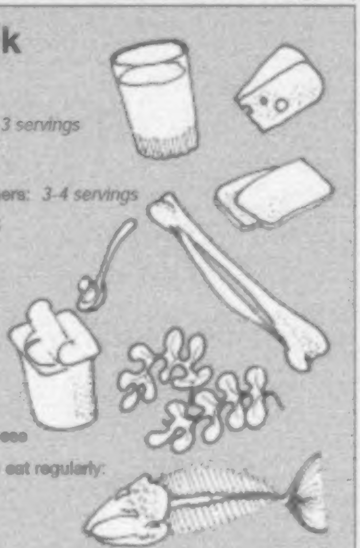
One serving could be:

Milk
- 1 cup (250 ml)
- whole, 2%, skim

Yoghurt
- 3/4 cup (175 ml)

Cheese
- 1 1/2 ounces (50 g)
- cheddar, processed cheese

Other calcium-rich foods to eat regularly:
- soft animal bones
- seaweed
- fish heads and bones



Meat, Fish, Birds and Eggs and all edible parts

2-3 servings every day

One serving could be:

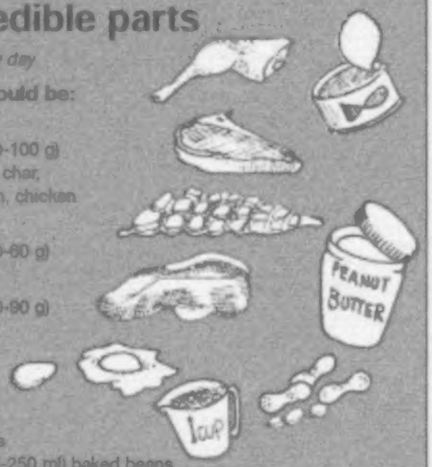
Meat/Bird/Fish
- 2-3 ounces (50-100 g)
- caribou, duck, char, canned salmon, chicken

Dried Fish/Meat
- 1-2 ounces (30-60 g)

Organ Meat
- 2-3 ounces (60-90 g)
- liver, heart

Eggs
- All eggs 1-2
- duck, chicken

Beans/Seeds/Nuts
- 1/2-1 cup (125-250 ml) baked beans
- 1/2 cup (125 ml) nuts and seeds
- 2 tablespoons (30 ml) peanut butter



Bannock, Bread and Cereal

5-12 servings every day

One serving could be:

Bannock
- 1 piece (37 g)

Bread
- 1 slice (30 g) whole wheat, white enriched

Cooked Macaroni/Noodles/Rice
- 1/2 cup (125 ml)

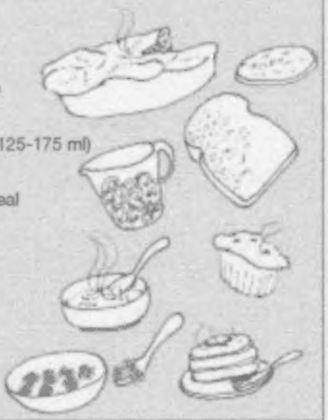
Cooked Cereal — 1/2-3/4 cup (125-175 ml)
- oatmeal

Unsweetened Ready to Eat Cereal
- 3/4-1 cup (175-250 ml)

High Fiber Wholegrain Cereal
- 1/2-1 cup (125-250 ml)

Granola
- 1/3 cup (85 ml)

Other Foods to Eat for Energy:
- pilot biscuits/crackers
- pancakes
- muffins



Fruit and Vegetables

5-10 servings every day

One serving could be:

Berries/Wild Greens
- 1/2 cup (125 ml) cranberries, wild rhubarb

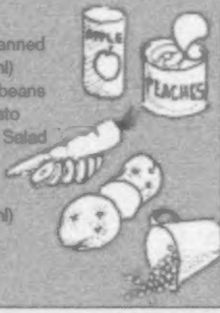
Fruit
- fresh, frozen, canned
- 1/2 cup (125 ml) apple, orange, banana

Vegetables
- fresh frozen, canned
- 1/2 cup (125 ml)
- carrots, peas, beans
- 1 medium potato
- 1 cup (250 ml) Salad

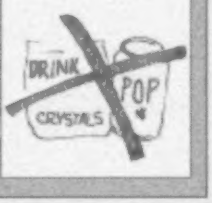
Juice
- unsweetnened
- 1/2 cup (125 ml) orange, apple, tomato

Organ Meat
- 2-3 ounces (60-90 g) liver, heart

Animal Fats and Oils
- These traditional sources of vitamins and minerals can be used regularly, but not in large amounts; caribou, seal, muktuk



These are not real juice - they contain too much sugar.



REMEMBER:

To control weight, BALANCE food energy eaten with physical activity.
Try to LIMIT foods containing a lot of sugar, salt and fat.

Canadian Paediatric Society
www.caringforkids.cps.ca

Healthy eating for children

As a parent, one of the most important things you do is to help your children learn healthy eating habits. Children need a balanced diet with food from all four food groups—vegetables and fruit, grain products, milk and alternatives, and meat and alternatives.

Children need 3 meals a day and 1 to 3 snacks (morning, afternoon and possibly before bed). Healthy snacks are just as important as the food you serve at meals.

The best foods are whole, fresh and unprocessed—fresh fruits and vegetables, whole grains, dairy, and meats; and home-cooked meals.

Canada's Food Guide recommends:

Vegetables and fruit Vegetables and fruit are a source of vitamins, minerals and fibre.	**4 servings/day** 2-3 years of age **5 servings/day** 4-8 years of age **6 servings/day** 9-13 years of age	Choose at least one dark green and one orange vegetable or fruit every day.
Grain products Grains are an important source of energy from carbohydrates.	**3 servings/day** 2-3 years of age **4 servings/day** 4-8 years of age **6 servings** 9-13 years of age	Make at least half of the grain products whole grain.
Milk and alternatives Milk is a nutritious source of calories, as well as calcium and vitamin D, for growing children. Some milk alternatives (e.g., fortified soy beverage) have vitamin D added. Check labels for calcium and vitamin D content.	**2 servings** 2-8 years of age **3-4 servings** 9-13 years of age	After children turn 2 years old, you can offer lower fat milk (1% or 2% MF) or milk alternatives. Wait until children are at least 5 years old before offering skim milk.
Meat and alternatives Meat and alternatives are an important source of iron and protein.	**1 serving** 2-8 years of age **1-2 servings** 9-13 years of age	Choose a variety of lean meat, poultry, and de-boned fish, eggs, tofu, dried peas, beans and lentils. The Guide recommends you eat at least 2 servings of fish per week.

Your child might not eat the recommended amount from each food group every day. But if you offer a good variety, she'll probably get what she needs over the course of a week or two.

Sugar and sugar substitutes

- Offer foods that don't have added sugar or sugar substitutes. Limit refined sugars (sucrose, glucose-fructose, white sugar) honey, molasses, syrups, and brown sugar. They all have similar calorie counts and also contribute to tooth decay.
- Sugar substitutes such as aspartame and sucralose are used in many processed foods. While they don't cause early child tooth decay, they have no nutritional value and it's a good idea to limit them in your child's diet. Sweeteners are much sweeter than sugar and may lead to a habit of only liking sweet foods. This might make it difficult for your child to adjust to fruits and vegetables.

Juice and water

- Serving fruit instead of fruit juice also adds healthy fibre to your child's diet.
- Serve vegetables and fruit more often than fruit juice. Offer water when your child is thirsty, especially between meals and snacks. Limit juice to one serving (120 mL [4 oz.]) of 100% unsweetened juice a day.
- Sometimes children will drink too much at mealtime or between meals, making them feel full.

What about fat?

Healthy fats contain essential fatty acids like omega-3 and omega-6 that cannot be made in the body and must come from the diet. Cook with vegetable oils such as canola, olive and/or soybean. Healthy fats are also found in most vegetable oils, salad dressings, non-hydrogenated margarines, nut butters (e.g. peanut butter) and mayonnaise.

Many fats that are solid at room temperature contain more trans and saturated fats that can raise your risk of heart disease. Limit butter, hard margarines, lard and shortening. Read labels and avoid trans or saturated fats found in some store-bought products, such as cookies, donuts and crackers.

Limit processed meats, such as wieners and luncheon meats, which are also high in fat, sodium (salt), and nitrates.

What if my child is a picky eater?

Don't worry too much if your child doesn't seem to be eating enough. If his weight and size is on track, he's probably getting what he needs. Your child's doctor will monitor his growth at regular appointments and will let you know if there are any problems.

Children's appetites change from day-to-day, or even from meal to meal. Because they have small stomachs, children need to eat small amounts often throughout the day. Children know how much food they need and will eat what their body needs.

As the parent, it's your job to:

- Set regular meal and snack times that work for the whole family. Share mealtimes and eat with your children.
- Offer a balance and variety of foods from all four food groups at mealtimes. Include at least two of the four food groups for each snack.
- Offer food in ways they can manage easily. For example cut into pieces, or mash food to prevent choking in younger children.
- Help your children learn to use a spoon or cup so they can eat independently.
- Include your child in age appropriate food preparation and table setting.
- Avoid using dessert as a bribe. Serve healthy dessert choices, such as a fruit cup or yogurt.
- Show your child how you read labels to help you choose foods when shopping.
- Avoiding fast food restaurants shows your children the importance of enjoying mealtime as a family, while eating healthy home cooked meals.

It's your child's job to:

- Choose what to eat from the foods you provide at meal and snack time (and sometimes that may mean not eating at all).
- Eat as much or as little as she wants.

More information from the CPS:

- Feeding your baby in the first year
- Vegetarian diets for children and teens
- When your child is a picky eater
- Healthy snacks for children
- Well Beings: A Guide to Health in Child Care (3rd edition)
- The Canadian Paediatric Society Guide to Caring for Your Child from Birth to Age Five

Reviewed by the following CPS Committees:
Nutrition and Gastroenterology Committee
Public Education Advisory Committee

Last updated: March 2011

This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.

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HEALTHY START FOR LIFE Eating Well Together Meal Planner

MEAL PLANNING FOR PRESCHOOLERS

Meal planning is a "must" for individuals and organizations providing child care, but is also recommended for parents to do at home. Planning in advance makes it easier to fit healthy eating into your busy day.

How does meal planning benefit preschoolers?

- ensures preschoolers get a variety of different foods and nutrients
- provides preschoolers with the security and comfort of regular meals and snacks
- provides preschoolers with meals they will enjoy
- provides meals that contribute to healthy growth and development and a healthy weight

Why should you have a meal plan?

- to provide healthy meals and snacks that are well spaced throughout the day
- to reduce repetition in food choices
- to get organized, plan your shopping list and avoid last minute trips to the store or fast food shop
- to save time - by looking at your menu you can see which foods can be prepared in advance

Parents and child care providers share the responsibility of helping children eat well and should all be involved in meal planning and enjoying meals with their children.

HOW TO USE THE "HEALTHY START FOR LIFE - EATING WELL TOGETHER MEAL PLANNER"

Use the meal planner to plan a weeks worth of meals and snacks. A daily plan should include three meals and two to three snacks to help keep preschoolers satisfied. Snacks should include foods that might be missed at meals - for example vegetables and fruit. To avoid spoiling a child's appetite serve snacks 1 to 2 hours before meal times. Meals and snacks should include foods from each of the four food groups in *Eating Well with Canada's Food Guide*.

Tip: If you are new to meal planning or don't have a lot of time, start with planning your main meals each week.

For each meal:

- Include a serving from at least 3 different food groups
- Choose a serving from the *grain products* group (e.g. pasta)
- Add a serving from the *vegetables and fruit* group (e.g. tomato sauce)
- Select a serving from the *milk and alternatives* group (e.g. milk)
- Add a serving of meat, poultry, fish, eggs or meat alternatives such as beans, lentils or tofu (e.g. chicken)

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HEALTHY START FOR LIFE Eating Well Together Meal Planner

For snacks:

- Include a serving from at least 2 different food groups.
- Choose nutritious snack foods such as vegetables, fruit, breads, cereals, milk, cheese, yogurt, meat or meat alternatives.
- Keep juice to one serving per day (125-175 mL or 4-6 oz.). Serve water when children are thirsty.
- Avoid sticky, sweet foods such as dried fruit and candy, which can stick to the teeth and cause cavities (unless children brush their teeth right after).

To help preschoolers enjoy your meals:

- Involve them in the planning.
- Choose foods that are easy to eat and suited to their personal and cultural preferences.
- Choose foods that can be served separately on a plate more often than mixed dishes.
- Include some finger foods.
- Use child-size servings.
- Present food in attractive, fun and interesting ways. Use foods of different colours, shapes, and flavours.

What else should you keep in mind?

- Introduce variety by including some "new" foods in small amounts.
- Limit low-nutrient foods that are high in salt, fat, sugar or caffeine (e.g. chips, chocolate, candies and pop).
- Balance higher fat foods with lower fat foods. For example, avoid having higher fat choices such as pepperoni pizza, hot dogs, and chicken nuggets all the same week. When higher fat choices are served balance them with more vegetables and fruit.
- Be aware of food allergies and keep allergy-causing foods (e.g. peanut butter, nuts, shellfish, etc.) off the menu if preparing foods for allergic children.
- Be aware of foods that can cause choking such as hot dogs, grapes, raw vegetables, chunky peanut butter, and nuts for children under the age of 3. If served, cut wieners/sausages lengthwise into strips, then cut into bite-size pieces; for raw fruit - remove pits, seeds and peels and cut into bite-size pieces; cut grapes in half; for raw vegetables - cut into narrow strips or grate; spread peanut butter thinly; never serve it right off a spoon. Don't serve young children popcorn or hard candies.
- Take advantage of foods on special and keep within your food budget.

MENU PLAN CHECKLIST

Use this to plan your menu and check it again to see if your menu is complete:

- ☐ Includes a variety of foods from each of the four food groups each day.
- ☐ Includes food choices that children will eat and enjoy and are safe to eat.
- ☐ Provides meals with different colours, flavours and textures.
- ☐ Includes *vegetables and fruit* 4 servings per day for children age 2-3 and 5 servings per day for children age 4 to 8. Provides one dark green and one orange vegetable each day. Limit juice to one serving (125-175 mL/4-6 oz) per day.
- ☐ Includes *grain products*: 3 servings per day for children age 2-3 and 4 servings per day for children at 4 to 8. Provides at least half of the grains as whole grains such as bread, buns, or bagels made of 100% whole grains (including the germ), oatmeal and oat cereals, or brown rice.
- ☐ Includes 2 servings of *milk and alternatives* each day. Provides at least 500 mL (2 cups) of milk or fortified soy beverage, if milk is not consumed.
- ☐ Includes the equivalent of 1 serving of meat, poultry, fish, eggs, cooked dried peas, beans or lentils, tofu or peanut butter. Food Guide Servings can be divided into smaller servings (e.g. halves or thirds) and spread throughout the day.
- ☐ Includes nutritious snacks that don't cause cavities. Limits foods and beverages high in calories, fat, sugar or salt (sodium).

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HEALTHY START FOR LIFE Eating Well Together Meal Planner

QUICK LINKS FOR PARENTS AND CHILD CARE PROVIDERS

Menu Planning & Shopping:

- Eating Well with Canada's Food Guide - Health Canada – Health Canada
www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html
- Great Food Fast Pantry List – Dietitians of Canada
www.dietitians.ca/public/content/eat_well_live_well/english/menuplanner/AppendixB.asp
- Great Food Fast Shopping Tips
www.dietitians.ca/public/content/eat_well_live_well/english/menuplanner/AppendixC.asp
- Healthy Start for Life - FAQs
www.dietitians.ca/healthystart/content/resources/faqs.asp
- Menu Magic for Children - A Menu Planning Guide for Child Care with information on the Child and Adult Care Food Program and eight tear-out recipe cards – USDA Team Nutrition
www.fns.usda.gov/tn/Resources/menumagic.html

Recipes:
- Better Food for Kids - Your Essential Guide to Nutrition For All Children Age 2 to 6 by Joanne Saab, RD and Diana Kalnins, RD - The Hospital for Sick Children (Robert Rose, 2002)
- Cook Great Food by Dietitians of Canada (Robert Rose, 2002)
www.dietitians.ca/english/kitchen/recipes/cgf_recipes.html
- Great Food Fast by Bev Callaghan RD and Lynn Roblin RD - Dietitians of Canada (Robert Rose, 2000)
www.dietitians.ca/english/kitchen/recipes/gff_recipes.html
- Simply Great Food
www.dietitians.ca/public/content/eat_well_live_well/english/cookbooks/simplygreatfood.asp

Food Allergies & Food Safety

Anaphylaxis Canada www.anaphylaxis.ca
Food Allergy Network www.foodallergy.org
Food Allergies and Intolerances www.caringforkids.cps.ca/eating/FoodAllergies.htm
Canadian Partnership for Consumer Food Safety Education www.canfightbac.org/en
Canadian Food Inspection Agency www.inspection.gc.ca/

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HEALTHY START FOR LIFE Eating Well Together Meal Planner

Use this "sample meal plan" as a guide for planning your own meals and snacks. Adapt it to suit personal and cultural food preferences.

MEAL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST	French toast made with whole wheat bread Canned peaches Milk	Oatmeal Orange sections Milk	Cold whole grain cereal Apple or Grape Juice Milk	Bagel with peanut butter or light cream cheese Orange or apple juice Milk	Cold whole grain cereal Fresh or dried fruit Milk	Pancakes Fresh or frozen berries Syrup Milk	Scrambled or poached eggs Whole wheat toast and jam Apple Juice
SNACK	Apple Cheese Whole wheat crackers Water	Bagel half with light cream cheese Grape Juice	Banana Berry Wake Up Shake Pumpkin Raisin Muffins	Graham Crackers Applesauce Water	Sunny Orange Shake Whole wheat crackers	Dry cereal mix Orange Juice	Orange slices or banana Milk
LUNCH	Chicken or turkey with shredded lettuce and carrots in a pita or tortilla wrap Melon slices Milk	Tuna or egg salad sandwich Raw vegetables with Caesar or Ranch salad dressing dip Milk	Carrot or Vegetable Soup Hummus or Peanut Butter on Pita Bread Triangles Pudding Milk	Macaroni and cheese Raw or steamed carrots and broccoli. Oatmeal Raisin Cookie Milk	Chili (vegetarian or meat) Cornmeal muffins or whole wheat toast Frozen Yogurt Milk	Ham and cheese or peanut butter sandwich Fresh or canned fruit Milk	Ground beef or bean burritos stuffed with corn, lettuce cheese and salsa. Apple Oatmeal Cookies Milk
SNACK	Big-Batch Bran Muffins Apple or Orange Juice	Graham crackers Fresh or canned peaches or pears	Whole wheat crackers Kiwi halves Water	Banana Yogurt Water	Bran, pumpkin or oatmeal muffin Apple or grape juice	Raw Vegetables and breadsticks Caesar or Ranch Dressing Dip	Banana Bread Milk
SUPPER	Broiled Ham Steak Scalloped Potatoes Frozen Corn Fresh or canned fruit Oatmeal cookie Milk	Hot 'n' Spicy Turkey Burgers with Sweet Potato "Fries" Sherbet or frozen yogurt Milk	Veggie, Beef and Pasta Bake Mixed dark green lettuce salad Whole grain bread or rolls Milk	BBQ Chicken Fresh canned or frozen corn Whole wheat bread Milk	Polynesian Pork Kebabs Couscous or rice Apple Crisp Milk	Quick Steamed Fish Fillets with Potatoes and Asparagus Banana Bread Milk	Baked chicken with pasta and prepared tomato sauce Steamed Green Beans Ice cream Water

*Underlined recipes © Dietitians of Canada, 2000

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HEALTHY START FOR LIFE

Eating Well Together Meal Planner

Copy this meal planner and post it on your fridge or bulletin board to keep track of the meals you plan to serve each week.

Remember to:

-Include a variety of food from each of the 4 food groups every day.
-Include foods from at least 3 food groups for each meal.
-Include foods from at least 2 food groups for each snack.
-Prepare foods safely.
-Enjoy eating meals together as a family.
-Eating well and keeping active go hand-in-hand.

WEEK ____________________

MEAL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST							
SNACK							
LUNCH							
SNACK							
SUPPER							

VEGETABLES & FRUIT	GRAIN PRODUCTS	MILK AND ALTERNATIVES	MEAT & ALTERNATIVES	OTHER FOODS
 A Food Guide Serving is: • 1 medium size vegetable or fruit • 125 mL (1/2 cup) fresh, frozen or canned vegetables or fruit • 250 mL (1 cup) green salad • 125 mL (1/2 cup) juice	 A Food Guide Serving is: • 1 slice bread • 30 g cold cereal • 175 mL (3/4 cup) hot cereal • 1/2 cup pasta, couscous or rice • 1/2 bagel, pita, tortilla or bun	 A Food Guide Serving is: • 250 mL (1 cup) milk • 50 g (1 ½ oz) cheese • 175 g (3/4 cup) yogurt • 250 mL of fortified soy beverages	 A Food Guide Serving is: • 75 g (2 ½ oz) or 125 mL (1/2 cup) cooked meat, fish or poultry • 2 eggs • 175 mL (3/4 cup) cooked beans, lentils, tofu or hummus • 30 mL (2 Tbsp) peanut butter	**Limit foods and beverages high in calories, fat, sugar or salt such as** cakes, pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream, frozen desserts, French fries, potato chips, nachos and other salty snacks, fruit flavoured drinks, soft drinks, sports and energy drinks and sweetened hot and cold beverages.

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Healthy snacks for children

Healthy snacks are as important to your child's growth and development as healthy meals. Young children have small stomachs and can't get all the nutrients they need from just 3 regular meals. Older children need snacks to stay alert and energetic throughout the day.

Having healthy snacks on hand should be part of your overall meal planning. Because snacks give children calories, these calories should come with nutrients. If snacks are foods found in Canada's Food Guide, you can be sure you are giving healthy snacks.

Canada's Food Guide includes:

- **Vegetables and fruit**, such as fresh or unsweetened canned fruit, cut up raw vegetables or vegetable juice.
- **Milk and alternatives**, such as yogurt, cheese, or fruit smoothies made with milk.
- **Meat and alternatives**, such as a hard boiled egg, nuts and seeds, sliced meat, or a spread like hummus.
- **Grain products**, such as rice cakes, bran or whole wheat muffins, bread or pita, whole grain crackers, or unsweetened cereals.

How else can I be sure my children have healthy snacks?

- Offer snacks from at least two food groups (for example, combine yogurt and fruit, or serve whole wheat pita and hummus).
- Bring healthy snacks with you so you aren't temped to buy less nutritious snacks when on the go.
- Keep portion sizes small and scheduled (mid-morning and mid-afternoon). It's not a good idea to let your child graze all day.
- Offer water instead of juice. Limit juice to one serving, 125 to 175 mL (4 to 6 ounces) per day. If you do offer juice, be sure it is 100% fruit juice (with no added sugar). Too much juice (especially apple juice) can cause toddler's diarrhea, early childhood tooth decay or fill them up before their next meal. Drinks with caffeine or added sugar, like tea, coffee, pop, and energy drinks, are not a good idea.
- Avoid sticky, sweet foods such as fruit leather and dried fruit, which can stick to the teeth and cause cavities. If you do serve them, be sure your child can brush her teeth right after.
- Limit low-nutrient, processed foods that are high in salt, fat, sugar or caffeine (cookies, snack bars, chips, chocolate, candies, soft drinks). If your child wants something sweet, offer fresh, frozen or canned fruit (but not fruit juice).
- Balance higher fat foods with lower fat foods like fruits and vegetables. When you serve higher fat choices, choose foods high in essential fats or fat-soluble vitamins such nuts, and seeds.
- When deciding on snacks and let them choose between 2 or 3 healthy options.
- Make snack times part of the regular routine.
- Add snack options to your grocery list, so that you always have healthy choices handy. Avoid buying foods that you have to limit because they are not good choices. This will help the whole family make healthier snack choices.
- Spend a few minutes each day cutting fruit and vegetables so that they are ready to eat. Keep white milk and water in the fridge so it is ready to drink.
- Don't use snacks or treats to reward your child.

Source:

- The CPS Guide to Caring for Your Child from Birth to Age Five
- Well Beings: A Guide to Health in Child Care (3rd edition)

More information from the CPS:

- Healthy eating for children

Other resources:

- Canada's Food Guide
- EatRight Ontario

Reviewed by the following CPS Committees:

Nutrition and Gastroenterology Committee
Public Education Advisory Committee

Last updated: July 2011

This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.

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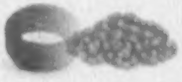
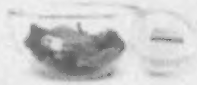
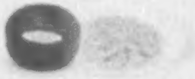
Alberta Health and Wellness — **Healthy Eating and Active Living** **For Your 1 to 4 Year Old**

Food Guide Serving Sizes for 1 to 4 Years

Young children can decide how much to eat. Parents and caregivers should plan what foods are offered and be role models of healthy eating.

Number of Servings Each Day			Food Group	What One Food Guide Serving Looks Like		
Girls & Boys 1 – 2 years*	Girls & Boys 2 – 3 years*	Girls & Boys 4 – 5 years				
up to 4 servings	**4 servings**	**5 servings**	Vegetables and Fruit • Eat at least one dark green & one orange vegetable per day. • Fresh, frozen or canned are all good choices. • Choose vegetables & fruit prepared with little or no added fat, sugar or salt. • Serve no more than 125 ml (½ cup) of full strength juice a day.	Cooked vegetables 125 mL (½ cup) = 1 hockey puck 	Fresh or soft cooked vegetable slices 125 mL (½ cup) = 1 hockey puck	Leafy salad vegetables 250 mL (1 cup) = 1 baseball 
				1 medium fresh fruit = 1 tennis ball	Diced fresh, frozen or canned fruit 125 mL (½ cup) = 1 hockey puck	100% unsweetened juice 125 mL (½ cup) = 1 hockey puck
up to 3 servings	**3 servings**	**4 servings**	Grain Products • choose whole grains at least half of the time. • choose grains that are lower in fat, sugar or salt.	Roll, dinner, whole wheat (28 g) = 1 tennis ball	Rice or pasta 125 mL (½ cup) = 1 hockey puck 	Bannock (2.5" x 2.5" x 0.75") (6 cm x 6 cm x 2 cm) = 1 hockey puck
				Roll, hamburger, mixed grain = 1 puck	Hot cereal 175 mL (¾ cup) = 1 tennis ball	Cereal (corn bran) 250 mL (1 cup) = 1 baseball
2 servings	**2 servings**	**2 servings**	Milk and Alternatives • Provide 2 servings of skim, 1% or 2% milk (or fortified soy beverage) every day to help meet vitamin D needs. • Children under 2 years of age should be served whole/homogenized (3.25% MF) milk	Milk or fortified soy beverage 250 mL (1 cup) = 1 baseball	Cheese 50 g (1 ½ oz) = 2 erasers	Yogurt 175 g (¾ cup) = 1 tennis ball

* *Eating Well with Canada's Food Guide* recommends serving sizes and amounts for ages 2 to 51+. For ages 1 to 3, servings can be divided into smaller amounts and served throughout the day. For example, one half of a vegetable or fruit serving may be served at two different snacks to add up to one full vegetable or fruit serving.

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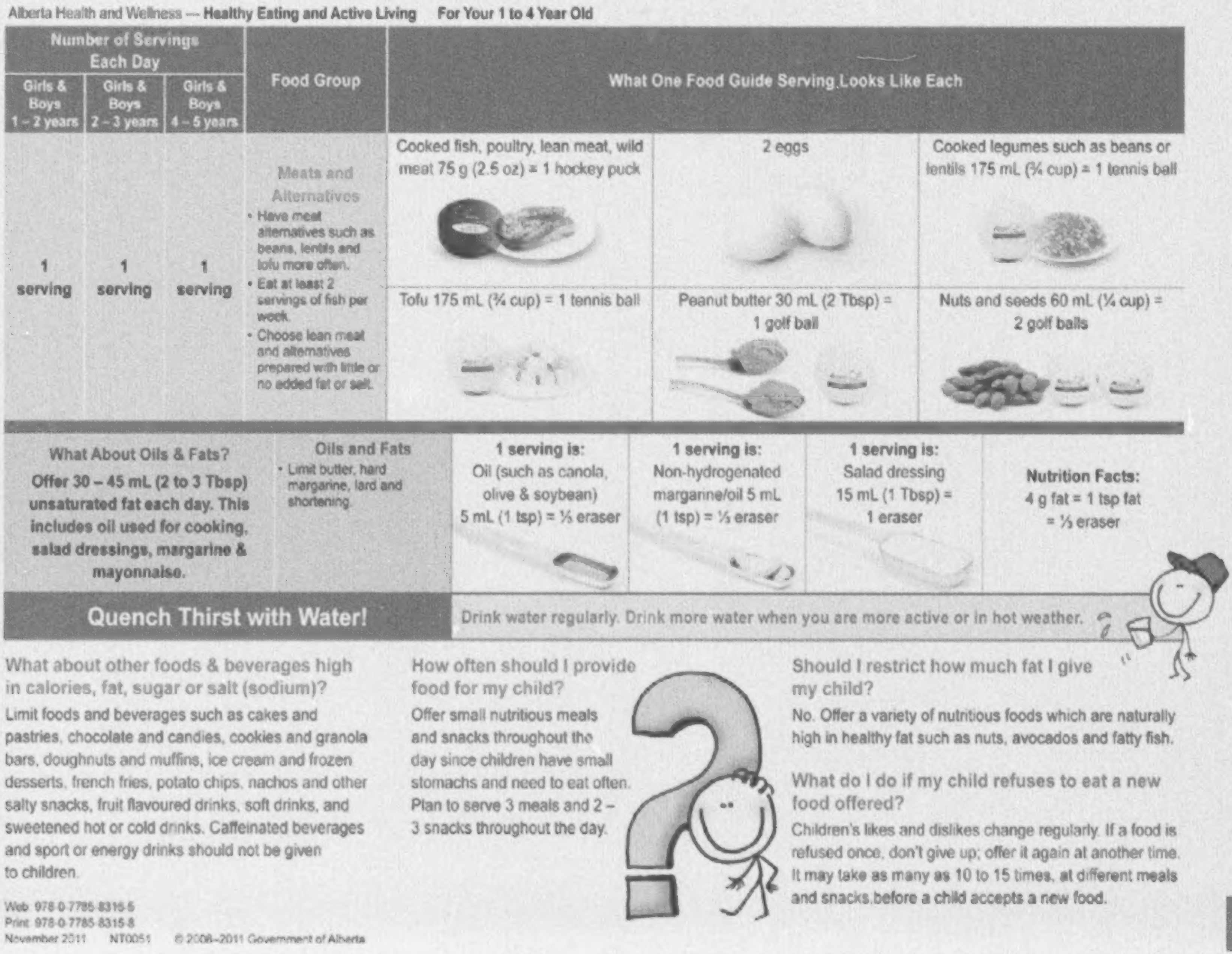

Alberta Health and Wellness — **Healthy Eating and Active Living** **For Your 1 to 4 Year Old**

Number of Servings Each Day			Food Group	What One Food Guide Serving Looks Like Each		
Girls & Boys 1 – 2 years	Girls & Boys 2 – 3 years	Girls & Boys 4 – 5 years				
1 serving	**1 serving**	**1 serving**	Meats and Alternatives • Have meat alternatives such as beans, lentils and tofu more often. • Eat at least 2 servings of fish per week. • Choose lean meat and alternatives prepared with little or no added fat or salt.	Cooked fish, poultry, lean meat, wild meat 75 g (2.5 oz) = 1 hockey puck	2 eggs	Cooked legumes such as beans or lentils 175 mL (¾ cup) = 1 tennis ball
				Tofu 175 mL (¾ cup) = 1 tennis ball	Peanut butter 30 mL (2 Tbsp) = 1 golf ball	Nuts and seeds 60 mL (¼ cup) = 2 golf balls

What About Oils & Fats? **Offer 30 – 45 mL (2 to 3 Tbsp) unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine & mayonnaise.**	Oils and Fats • Limit butter, hard margarine, lard and shortening.	**1 serving is:** Oil (such as canola, olive & soybean) 5 mL (1 tsp) = ⅓ eraser	**1 serving is:** Non-hydrogenated margarine/oil 5 mL (1 tsp) = ⅓ eraser	**1 serving is:** Salad dressing 15 mL (1 Tbsp) = 1 eraser	**Nutrition Facts:** 4 g fat = 1 tsp fat = ⅓ eraser

Quench Thirst with Water! Drink water regularly. Drink more water when you are more active or in hot weather.

What about other foods & beverages high in calories, fat, sugar or salt (sodium)?

Limit foods and beverages such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, french fries, potato chips, nachos and other salty snacks, fruit flavoured drinks, soft drinks, and sweetened hot or cold drinks. Caffeinated beverages and sport or energy drinks should not be given to children.

How often should I provide food for my child?

Offer small nutritious meals and snacks throughout the day since children have small stomachs and need to eat often. Plan to serve 3 meals and 2 – 3 snacks throughout the day.

Should I restrict how much fat I give my child?

No. Offer a variety of nutritious foods which are naturally high in healthy fat such as nuts, avocados and fatty fish.

What do I do if my child refuses to eat a new food offered?

Children's likes and dislikes change regularly. If a food is refused once, don't give up; offer it again at another time. It may take as many as 10 to 15 times, at different meals and snacks before a child accepts a new food.

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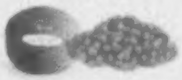
Alberta Health and Wellness — **Healthy Eating and Active Living** **For Your 5 to 11 Year Old**

Food Guide Serving Sizes for 5 to 11 Years

As children grow and become more active, the quantity of food they eat will increase. Offer a variety of nutritious foods from all food groups and encourage your child to eat until comfortably full. Parents and caregivers should be role models of healthy eating. *Eating Well with Canada's Food Guide* recommends serving sizes and amounts for ages 2 to 51+.

Number of Servings Each Day		Food Group	What One Food Guide Serving Looks Like Each		
Girls & Boys 5 – 8 years	Girls & Boys 9 – 11 years				
5 servings	**6 servings**	Vegetables and Fruit • Eat at least one dark green & one orange vegetable per day. • Fresh, frozen or canned are all good choices. • Choose vegetables & fruit prepared with little or no added fat, sugar or salt. • Choose vegetables & fruit more often than juice. • Limit juice to one food guide serving a day 125 mL / ½ cup.	Cooked vegetables 125 mL (½ cup) = 1 hockey puck 	Fresh or soft cooked vegetable slices 125 mL (½ cup) = 1 hockey puck 	Leafy salad vegetables 250 mL (1 cup) = 1 baseball
			1 medium fresh fruit = 1 tennis ball 	Diced fresh, frozen or canned fruit 125 mL (½ cup) = 1 hockey puck 	100% unsweetened juice 125 mL (½ cup) = 1 hockey puck
4 servings	**6 servings**	Grain Products • Choose whole grains at least half of the time. • Choose grains that are lower in fat, sugar or salt.	Roll, dinner, whole wheat (28 g) = 1 tennis ball 	Rice or pasta 125 mL (½ cup) = 1 hockey puck 	Bannock (2.5" x 2.5" x 0.75") (6 cm x 6 cm x 2 cm) = 1 hockey puck
			Roll, hamburger, mixed grain = 1 puck 	Hot cereal 175 mL (¾ cup) = 1 tennis ball 	Cereal (corn bran) 250 mL (1 cup) = 1 baseball
2 servings	**3 to 4 servings**	Milk and Alternatives • Depending on age, 2 to 4 servings of milk or fortified soy beverage help meet vitamin D requirements. • Select lower-fat milk alternatives.	Milk or fortified soy beverage 250 mL (1 cup) = 1 baseball 	Cheese 50 g (1 ½ oz) = 2 erasers 	Yogurt 175 g (¾ cup) = 1 tennis ball

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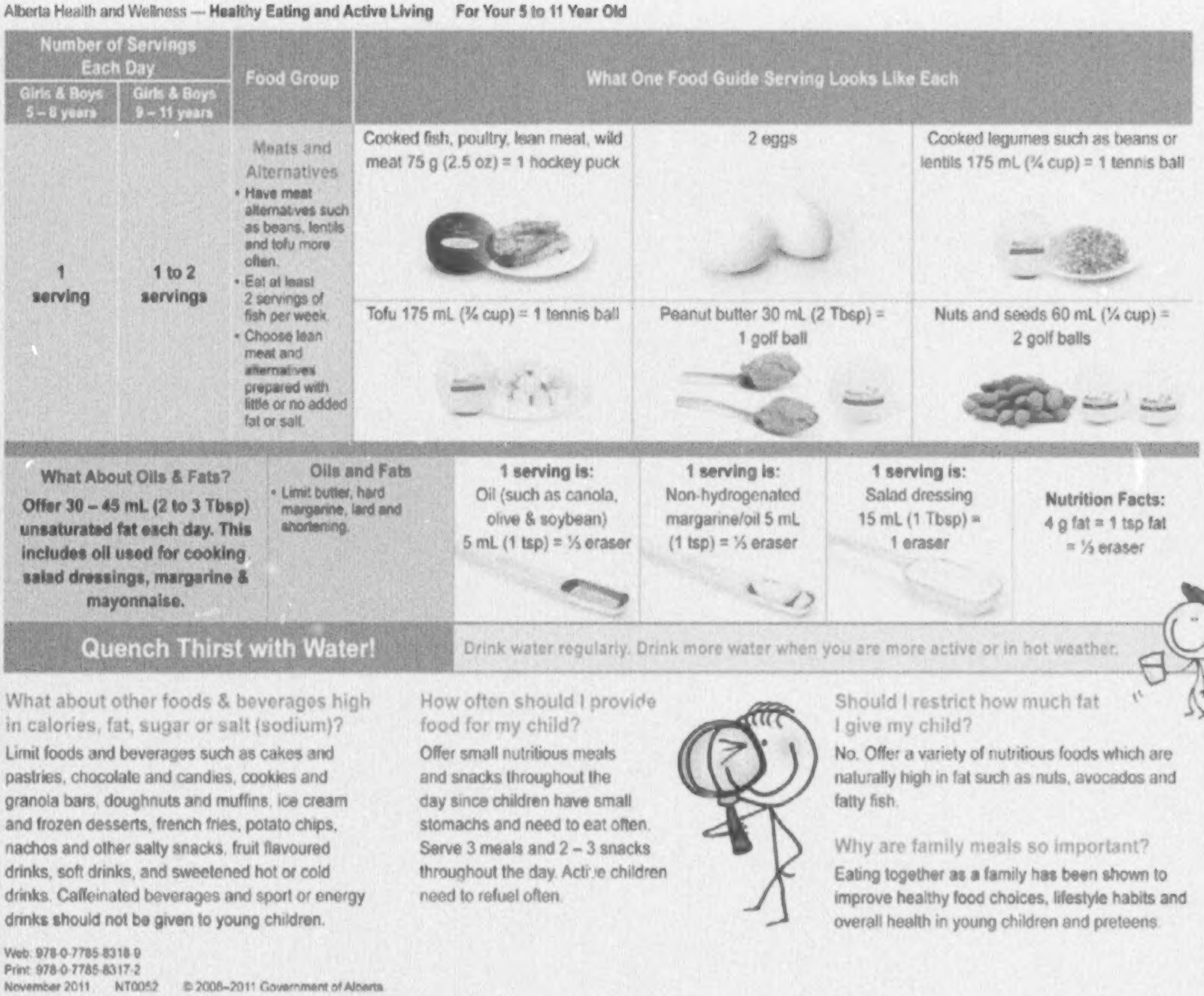

Alberta Health and Wellness — **Healthy Eating and Active Living** **For Your 5 to 11 Year Old**

Number of Servings Each Day		Food Group	What One Food Guide Serving Looks Like Each		
Girls & Boys 5 – 8 years	Girls & Boys 9 – 11 years				
1 serving	**1 to 2 servings**	Meats and Alternatives • Have meat alternatives such as beans, lentils and tofu more often. • Eat at least 2 servings of fish per week. • Choose lean meat and alternatives prepared with little or no added fat or salt.	Cooked fish, poultry, lean meat, wild meat 75 g (2.5 oz) = 1 hockey puck	2 eggs	Cooked legumes such as beans or lentils 175 mL (¾ cup) = 1 tennis ball
			Tofu 175 mL (¾ cup) = 1 tennis ball	Peanut butter 30 mL (2 Tbsp) = 1 golf ball	Nuts and seeds 60 mL (¼ cup) = 2 golf balls

What About Oils & Fats?	Oils and Fats				
Offer 30 – 45 mL (2 to 3 Tbsp) unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine & mayonnaise.	• Limit butter, hard margarine, lard and shortening.	**1 serving is:** Oil (such as canola, olive & soybean) 5 mL (1 tsp) = ⅓ eraser	**1 serving is:** Non-hydrogenated margarine/oil 5 mL (1 tsp) = ⅓ eraser	**1 serving is:** Salad dressing 15 mL (1 Tbsp) = 1 eraser	**Nutrition Facts:** 4 g fat = 1 tsp fat = ⅓ eraser

Quench Thirst with Water!

Drink water regularly. Drink more water when you are more active or in hot weather.

What about other foods & beverages high in calories, fat, sugar or salt (sodium)?

Limit foods and beverages such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, french fries, potato chips, nachos and other salty snacks, fruit flavoured drinks, soft drinks, and sweetened hot or cold drinks. **Caffeinated beverages and sport or energy drinks should not be given to young children.**

How often should I provide food for my child?

Offer small nutritious meals and snacks throughout the day since children have small stomachs and need to eat often. Serve 3 meals and 2 – 3 snacks throughout the day. Active children need to refuel often.

Should I restrict how much fat I give my child?

No. Offer a variety of nutritious foods which are naturally high in fat such as nuts, avocados and fatty fish.

Why are family meals so important?

Eating together as a family has been shown to improve healthy food choices, lifestyle habits and overall health in young children and preteens.

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Canadian
Paediatric
Society
www.caringforkids.cps.ca

Food allergies and intolerances

h2. What is a food allergy?

When a person's immune system reacts to a specific food or additive (allergen), that is a food allergy. Allergens can get into the body in different ways. They can be:

- inhaled (such as dust or pollen),
- ingested as food (some common ones are nuts, eggs or shellfish)
- ingested as medication (such as penicillin),
- injected by an insect sting (like a bee or wasp venom) or,
- absorbed through the skin (such as poison ivy)

The reaction can start very suddenly, even after being exposed to a small amount of the allergen.

Most often, your child will eat a food more than once before you know he's allergic. For example, the first time your child is exposed to nuts, there will probably be no reaction. If he develops an allergy to nuts, the next exposure could be serious, even fatal.

Allergic reactions can be very serious, even life-threatening. A severe reaction is called anaphylactic shock or anaphylaxis. It is a rapid, extreme response to a trigger substance. It can happen within minutes or hours of being exposed to an allergen.

What are the signs of an allergic reaction?

An allergic reaction can affect many different body parts. Signs and symptoms include:

- Respiratory trouble (coughing, wheezing, shortness of breath, voice changes, choking)
- Nasal symptoms (sneezing, blocked nose, runny nose)
- Gastrointestinal trouble (diarrhea, stomach cramps, nausea, vomiting, problems swallowing)
- Skin symptoms (hives, swelling of the face or tongue, itching, eczema)
- Eye problems (itchiness, redness, watery eyes, swelling)
- Cardiovascular trouble (pale skin, dizziness, loss of consciousness).

What foods are common allergens?

Any food can trigger an allergic reaction, but the most common are:

- Peanuts
- Tree nuts
- Eggs
- Shellfish
- Fish
- Milk
- Soy
- Wheat

Do children outgrow food allergies?

Many children outgrow food allergies, especially if the allergy started before age 3. Allergies to milk, for example, will usually go away. However, some allergies, like those to nuts and fish, probably won't go away.

What is food intolerance?

Food intolerance is different from an allergy. It is not caused by an immune reaction. It is caused by the body's having trouble absorbing a sugar. An allergy is caused by a reaction to a protein. A food intolerance causes discomfort but is not dangerous to your child.

How can I tell if my child has a food intolerance?

Your child may experience bloating, loose stools, gas or other symptoms after eating a specific food. Even though this reaction is not dangerous, if it causes your child discomfort you might want to avoid those foods in the future.

What is a lactose intolerance?

Lactose intolerance happens when the body doesn't produce enough of the enzyme lactase to fully break down the sugar (lactose) found in most dairy products. It is rare in young children and usually only develops after at least 3 years of age. While some young children adjust to the lack of this enzyme, some will have problems for life.

If your child is lactose intolerant, you can give her the calcium she needs by offering:

- lactose free or lactose-reduced milk
- fortified soy milk,
- canned salmon and sardines with edible bones,
- oranges or fortified orange juice,
- broccoli
- almonds, and
- pinto beans

Many of these foods do not provide enough vitamin D. Speak to your doctor about whether a supplement of vitamin D would be right for your child.

Remember to be careful of foods that can cause choking.

When should I call the doctor?

It is hard to diagnose food allergies. If your child has a reaction to a food, you will need to see your doctor. Your doctor may prescribe a medication (e.g. EpiPen), a needle that protects your child right away if he is exposed to the allergen again.

Other resources:

- Allergy Safe Communities
- Anaphylaxis Canada
- Food allergy and Anaphylaxis Network

Source: Well Beings: A Guide to Health in Child Care (3rd edition)

Reviewed by the following CPS Committees:
Nutrition and Gastroenterology Committee

Last updated: November 2008

This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.

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Cleaning and sanitizing schedule

How often	Cleaned *and* sanitized	Other cleaning methods and notes
Before *and* after each use		
Kitchen		
Food preparation surfaces	X	
After each use		
Bathroom		
Potty chairs	X	
Change tables—without paper liner	X	
Utility sinks	X	
Kitchen		
High chair trays	X	
Tabletops	X	
Plastic bibs	X	
Blenders and food processors	X	
Toys		
Babies' plastic mouthed toys	X	Or run them through a full wash/rinse/dry dishwasher cycle (not at the same time as dishes or cutlery).
Other items		
Soothers	X	Reserve for use by one child.
Daily *and* when soiled		
Bathroom		
Change tables—with paper liner	X	Discard paper after each change. Clean and sanitize if surface becomes soiled.
Handwashing sinks	X	
Toilets	X	
Floors		Mop using household cleaner.
Diaper pails	X	
Countertops and fixtures	X	
Kitchen		
Floors		Mop using household cleaner.
Stovetops and tabletops	X	
High chair trays	X	
Can openers	X	
Countertops and sinks	X	
All areas		
Doorknobs, door handles, light switches	X	
Throw rugs and carpets		Vacuum daily, clean as needed and shampoo every 3 months. Avoid using carpet in infant/baby areas.
Floors		Sweep or vacuum.
Toys		
Activity centres, play mats	X	
Shared plastic toddler toys	X	Or run them through a full wash/rinse/dry dishwasher cycle (not at the same time as dishes or cutlery).
Water tables	X	
Shared puzzles, board books	X	Only clean before sanitizing if visibly soiled.
Cleaning items		
Dusting/cleaning cloths		Launder.

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How often	Cleaned *and* sanitized	Other cleaning methods and notes
Weekly *and* when soiled		
Kitchen		
Microwaves	X	
Sleeping areas		
Bedding		Launder. Where possible, reserve for use by one child.
Cribs/cots/mats	X	Where possible, reserve for use by one child.
All areas		
Floor mats	X	
Garbage containers (inside)	X	Clean whenever garbage has leaked.
Tabletops not used for food preparation and eating		Clean.
Sofas, chairs		Vacuum.
Pillows and cushion covers used in activity areas		Launder.
Toys		
Soft washable toys		Launder. Where possible, reserve for use by one child.
Dress-up clothes		Launder.
Sandbox toys	X	
Sand table toys	X	
Cleaning items		
Sponge mops	X	Hang head-side up to air dry.
Monthly *and* when soiled		
Kitchen		
Refrigerators		Clean. Clean out the freezer every 6 months.
Ovens		Clean.
All areas		
Woodwork and cubbies		Damp-wipe.
Garbage containers (outside)	X	Clean whenever garbage has leaked.
Drapes and curtains		Vacuum. Launder or dry clean yearly.
Air vents		Vacuum.
Door ledges and shelving		Damp-wipe.
Windows		Wash inside and out at least twice a year.
Toys		
Sand tables	X	
Preschoolers' toys	X	

Source: Department of Health and Human Services (Newfoundland and Labrador). 2005. *Standards and Guidelines for Health in Child Care Settings.* Adapted with permission.

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Safe Food Handling

This fact sheet provides basic information only. It must not take the place of medical advice, diagnosis or treatment. Always talk to a healthcare professional about any health concerns you have, and before you make any changes to your diet, lifestyle or treatment.

Thousands of people in Ontario suffer from food poisoning each year. Most cases of food poisoning occur when people eat food containing bacterial toxins.

Bacteria cannot be detected by sight, smell or taste and at the right temperature, can multiply to millions in a few short hours, which may lead to illness.

Symptoms associated with food poisoning may include nausea, vomiting, diarrhea, fever or cramps.

The good news, however, is that most cases of food poisoning can be avoided altogether if food is handled properly.

When you shop
Buy cold food last and get it home fast :

- On a shopping trip, buy your food last - cold and frozen food last of all. Take food straight home to the refrigerator. Never leave food in a hot car !
- Do not buy food in poor condition. Make sure refrigerated food is cold to the touch. Frozen food should be rock-solid. Canned goods should be free of dents, cracks or bulging lids, which can indicate a serious food poisoning threat.
- Do not buy anything you would not use before the "best before" date.

When you store food
Keep food safe - refrigerate :

- Check the temperature in your refrigerator with an appliance thermometer - you can buy one at a variety or hardware store. To keep bacteria from multiplying, the refrigerator should run at **4°C (40°F)**. The freezer unit should be at **-18°C (0°F)**. Generally, keep your refrigerator as cold as you can without freezing your milk or lettuce.
- Freeze fresh meat, poultry or fish immediately if you cannot use it within a few days.
- Put packages of raw meat, poultry or fish on plates before refrigerating so their juices will not drip on to other food. Raw juices often contain bacteria.

When you prepare food
Keep everything clean and thaw food in the refrigerator :

- Always wash your hands in warm soapy water before preparing food.
- Bacteria can live in kitchen towels, sponges and cloths. Wash these often.
- Keep raw meat, poultry and fish and their juices away from other food. Wash your hands, cutting board and knife in hot, soapy water after cutting up chicken and raw meat and before using the utensils for other food.
- Thaw food in the refrigerator,

Ontario

- microwave or oven, not on the kitchen counter. At room temperature, bacteria can grow in the outer layers of food before the inside thaws. Marinate in the refrigerator too. When thawing food in microwave ovens, be sure to use microwavable containers.

When you're cooking
Cook thoroughly :

- It takes thorough cooking to kill harmful bacteria. You're taking chances when you eat meat, poultry or fish that are raw or only partly cooked. Hamburger that is red in the middle, and rare and medium-rare steak and roast beef are undercooked from the safety standpoint.
- Cook red meat and poultry to the temperature indicated in the table below. Use a meat thermometer to check that they're cooked all the way through.
- Red meat is done when it's brown or grey inside. Poultry is cooked when its juices run clear. Fish flakes with a fork.
- When you cook ahead, divide large portions of food into small, shallow containers for refrigeration. This ensures safe, rapid cooling.

Microwave safely :

The microwave oven is a great time-saver but has one food safety disadvantage. It sometimes leaves cold spots in food. Bacteria may survive in these spots. Be sure to :

- Cover food with a lid or plastic wrap that is approved for microwaving. The steam can aid thorough cooking. Leave a small section uncovered so steam can escape, and do not let the wrap touch the food.
- Stir and rotate food for even cooking. If there is no turntable in the oven, rotate the dish by hand once or twice during cooking.
- Observe the "standing" time called for in recipe or package directions. Food finishes cooking during the standing time.
- Use a meat thermometer to check that food is done. Insert it at several spots.

When you serve food
Never leave it out for more than two hours:

- Use clean dishes and utensils to serve food, not those you used when preparing the raw food.
- Never leave perishable food out of the refrigerator for more than two hours. Bacteria that can cause food poisoning grow quickly at warm temperatures.
- Pack lunches in insulated carriers with a cold pack. Warn children never to leave lunches in direct sun or on a warm radiator.
- Carry picnic food in a cooler with a cold pack. When possible, put the cooler in the shade. Keep the lid on as much as you can.
- Party time ? Keep cold party food on ice or serve it on platters from the refrigerator.
- Divide hot party food into smaller serving platters. Keep platters refrigerated until it's time to warm them up for serving.

When you handle leftovers
Use small containers for quick cooling :

- Divide large amounts of leftovers into small, shallow containers for quick

cooling in the refrigerator. Do not pack the refrigerator - cool air must circulate to keep food safe.
- With stuffed poultry or meats, remove stuffing and refrigerate it in separate containers.

Reheating food:

- Bring sauces, soups and gravy to a boil. Heat other leftovers thoroughly to **74°C (165°F).**
- Microwave leftovers with an approved lid or plastic wrap for thorough heating.

Kept it too long?
When in doubt, throw it out :

Safe refrigerator and freezer storage times for many common foods are shown in the "Cold Storage" table below, but what about something you forgot about and may have kept too long ?

- Never taste food that looks or smells strange to see if you can still use it. Throw it out.
- Is it mouldy ? The mould you see is only the tip of the iceberg. Its poisons are found under the surface of the food. You can sometimes save hard cheese and salamis and firm fruits and vegetables by cutting the mould out - remove a large area around it. But most mouldy food should be discarded.

Is it food poisoning?

If you or a family member develops nausea, vomiting, diarrhea, fever or cramps, you could have food poisoning. It's not always easy to tell - symptoms can appear anywhere from 30 minutes to two weeks later. Most often, though, people get sick within four to 48 hours after eating bad food. In more serious cases, food poisoning victims may have nervous system problems like paralysis, double vision or trouble swallowing or breathing. If symptoms are severe or the victim is very young, old, pregnant or already ill, call your doctor or go to the hospital right away.

For more information on food handling, call your local health department listed in the blue pages of your telephone directory.

Chemical Storage

Household chemicals like cleaning compounds should be stored separately and away from food. Household pesticides should not be stored in the kitchen or in other areas where food is stored.

Caution : All household chemical containers should be properly labeled and identified.

If your power is off
Your freezer :

- Without power, a full upright or chest freezer will keep everything frozen for about 2 days. A half-full freezer will keep food frozen for 1 day.
- If power will be coming back on soon, you can make the food last longer by keeping the door shut as much as possible. Ice can keep the freezer cold.
- If power will be off for a longer time period, take food to friends' or neighbours' freezers if you can. If in doubt, throw it out.

Your refrigerator-freezer combination :

- Without power, the refrigerator section will keep food cool for 4-6 hours, depending on the kitchen temperature. Ice can keep food on the refrigerator shelves cooler.

- If your food has thawed, it can be re-frozen if it still contains ice crystals or feels "refrigerator-cold." Discard any thawed food that has risen to room temperature and remained there for 2 hours or more. Discard any food with a strange colour or odor immediately.

Government of Ontario

For information about health services and resources :
www.health.gov.on.ca

For consumer-friendly health tips and information :
www.HealthyOntario.com

INFOline: 1-877-234-4343;
TTY: 1-800-387-5559

Telehealth Ontario:
1-866-797-0000; TTY 1-866-797-0007

INFOline is open during business hours and can provide general information on healthcare.

Telehealth Ontario is a 24/7 service which uses nurse practitioners to answer your immediate health concerns.

Internal Food Cooking Temperatures(Use a meat thermometer to check)

Product	Variety	Celsius	Fahrenheit
Ground Meat and Meat Mixtures	Turkey, chicken	74	165
	Veal, beef, lamb, pork	71	160
Beef	All cuts	60 - 74	140 - 165
Veal	All cuts	60 - 74	140 - 165
Lamb/Goat	All cuts	60 - 74	140 - 165
Pork	All cuts	71	160
Poultry	Chicken, whole	82	180
	Turkey, whole	82	180
	Poultry breasts	74	165
	Poultry thighs, wings	Cook until juices run clear	Cook until juices run clear
	Stuffing (cooked alone, or in bird)	74	165
	Duck, goose, pheasant	82	180
Ham	Fresh (raw)	71	160
	Pre-cooked (to reheat)	60	140
Seafoods	Fish, shellfish and other seafood	70	158

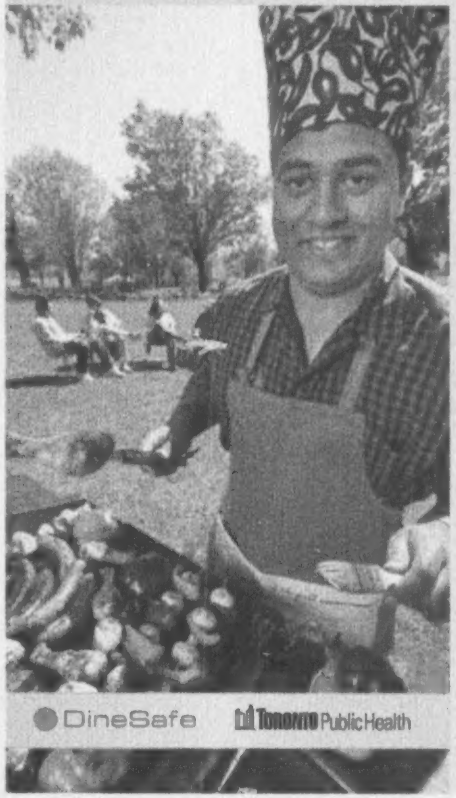
Cold storage

Product	Variety	Refrigerator (4°C)	Freezer (-18°C)
Eggs	Fresh, in shell	3 weeks	Do not freeze.
	Raw yolks, whites	2-4 days	4 months
	Hard-cooked	1 week	Do not freeze well.
	Liquid pasteurized eggs or egg substitute - opened	3 days	Do not freeze.
	Liquid pasteurized eggs or egg substitute - unopened	10 days	4 months
Mayonnaise	commercial (refrigerate after opening)	2 months	Do not freeze.
TV Dinners, Frozen Casseroles	All brands	Keep frozen until ready to serve.	3-4 months
Deli and Vacuum-Packed Products Store prepared (or homemade)	Egg, chicken, tuna, ham, macaroni, salads	2-3 days	These products do not freeze well.
	Stuffed pork and lamb chops, stuffed chicken breasts	1 day	These products do not freeze well.
	Store-cooked convenience meals	1-2 days	These products do not freeze well.
	Commercial brand vacuum-packed dinners	2 weeks unopened	These products do not freeze well.
Soups and Stews	Vegetable or meat-added	3-4 days	2-3 months
Hamburger, Ground and Stew Meats	Hamburger and stew meats	1-2 days	3-4 months
	Ground turkey, veal, pork, lamb and mixture of them	1-2 days	3-4 months
Hot Dogs	Hot dogs, opened package Hot dogs unopened package	1 week 2 weeks	In freezer wrap, 1-2 months
Lunch Meats	Lunch meats opened Lunch meats unopened	3-5 days 2 weeks	In freezer wrap, 1-2 months
Seafoods	Fish, shellfish and other seafood	1-2 days	4-6 months

Based on materials provided by Scarborough Health Department and the U.S. Department of Agriculture, Food Safety and Inspection Service

4 STEP FOOD PREP

A guide to handling food safely



There are 4 essential steps to food safety. Eating food that has not been handled or cooked properly can make you sick.

1. **CLEAN** HANDS AND SURFACES
2. **SEPARATE** RAW FROM COOKED
3. **COOK** THOROUGHLY
4. **CHILL** KEEP IT COLD

Most food poisoning (foodborne illness) happens in the home. Practise safe food handling and stay healthy!

1 CLEAN

HANDS AND SURFACES

Bacteria can spread throughout the kitchen and get onto hands, cutting boards, knives, dish cloths, sponges and counter tops. Clean frequently and thoroughly.

Here's how...

- Always wash your hands with soap before preparing or serving food and after:
  - handling raw meat, poultry and seafood
  - using the washroom or changing diapers
  - sneezing/coughing
  - handling garbage
  - touching pets

  Hand washing steps
  1. Wet hands.
  2. Apply soap.
  3. Rub hands together for 15 seconds.
  4. Scrub in between fingers, the back of hands and fingers tips.
  5. Rinse and towel dry.
- Wash cutting boards, knives, utensils and counter tops with hot soapy water after preparing each food item and before going to the next one.
- Add an extra cleaning step with surfaces. Wipe them using: 1/2 teaspoon of household bleach in one litre of water.
- Dish cloths can be an ideal environment for bacteria to grow and multiply. Change dish cloths often and machine wash them in hot water. Consider using paper towels to clean up kitchen surfaces.

2 SEPARATE

RAW FROM COOKED

Bacteria can easily spread from raw foods to cooked foods. This is called cross-contamination. When preparing raw meat, poultry and seafood make sure you keep these foods and their juices away from ready-to-eat foods.

Here's how...

- Separate raw meat, poultry and seafood from other food in your grocery cart and bags. Use the clear plastic bags provided at the meat counter.
- Store raw meat, poultry and seafood on the bottom shelf of the refrigerator on a plate so juices don't drip onto other foods.
- Use one cutting board for raw meat, poultry or seafood and another for foods that are ready-to-eat, such as salads, fruit, etc.
- Always wash cutting boards, knives and other utensils with hot soapy water after they come in contact with raw meat, poultry or seafood.
- Never place cooked food on a plate that held uncooked meat, poultry or seafood.

3 COOK
THOROUGHLY

Foods are properly cooked when they are heated for a long enough time and at a high enough temperature to kill the harmful bacteria that cause foodborne illness.

Here's how…

- Use a meat thermometer to measure the internal temperature of cooked meat and poultry to make sure that the meat is cooked all the way through. See cooking temperature chart.
- If you don't use a meat thermometer, cook until juices run clear (no blood).
- Cook ground meat, such as hamburger, thoroughly. Bacteria can spread during the grinding process and may cause serious illness unless destroyed by cooking. Do not eat ground beef that is pink inside. If it's grey, it's safe.

- Cook eggs until the yolk and white are firm, not runny. Don't use recipes that call for raw or only partially cooked eggs.
- Cook fish until it flakes easily with a fork.
- When cooking in a microwave, make sure there are no cold spots where bacteria can survive in the food. Cover food, stir and rotate for even cooking. If there is no turntable, rotate the dish by hand once or twice during cooking.
- When re-heating always bring sauces, soups and gravy to a boil. Heat leftovers thoroughly.
- Sauce used to marinate raw meat, poultry or seafood should not be used on cooked foods. If the sauce is to be used on cooked food, it must be brought to a boil.

Safe Temperatures for Cooked Foods	
Ground beef/pork	71°C (160°F)
Chicken/turkey pieces	74°C (165°F)
Ground chicken/turkey	74°C (165°F)
Whole chicken/turkey	82°C (180°F)
Stuffing	74°C (165°F)
Fish	70°C (158°F)

4 CHILL
KEEP IT COLD

Cold temperatures of 4°C/40°F or below slow down the growth of micro-organisms. Use a refrigerator thermometer to check that your refrigerator temperature is 4°C/40°F or below and your freezer temperature is -18°C/0°F. Refrigerator thermometers are available in hardware stores. Keeping food cold is one of the best ways to reduce the risk of foodborne illness.

Here's how…

- Do not over-stuff the refrigerator. Cold air must be able to circulate to keep food safe.
- Never defrost food at room temperature. Thaw food in the refrigerator. For a quick thaw, place the food item in an airtight package and put in cold water. Another option is to thaw in the microwave if cooking immediately.
- Always marinate foods in the refrigerator.
- Refrigerate or freeze perishables, prepared foods and leftovers within two hours of purchase or use.
- Separate large amounts of leftovers into small, shallow containers for quicker cooling in the refrigerator.

DineSafe at Toronto Restaurants

Food Premises Inspection and Disclosure Program

Food safety is a concern at home and in restaurants. Toronto Public Health staff work with restaurants to make sure that eating out is a safe and healthy experience.

For public health inspection reports about any Toronto restaurant, go to:

toronto.ca/health/dinesafe

If you have any questions or concerns about:

- safe food handling, storage and cooking
- a grocery store
- a restaurant

Call *Toronto Health Connection*
416-338-7600
Monday to Friday, 8:30 a.m. – 4:30 p.m.

toronto.ca/health

DineSafe   Toronto Public Health

Canadian Paediatric Society

Diabetes action plan

Diabetes management

Blood sugar (glucose) monitoring

Target range is: ______________________________

* Note: Most preschoolers have a target range of 6 mmol/L to 12 mmol/L prior to meals.

Usual times to check blood sugar: ______________________________

Other times to check blood sugar (e.g., before or after exercise, or if the child shows signs of feeling "low"):

Times when parents want to be notified immediately ______________________________

Parent responsibilities:

☐ Provide glucose meters, test strips, lancing device and lancets, and batteries.

Program responsibilities:

☐ Help monitor levels by:

____

____

☐ Record blood sugar levels in the child's *Diabetes daily care record*.

Additional information: ______________________________

____

____

Insulin injection

For a child using an insulin syringe/pen:

Parent responsibilities:

☐ Determine staff willingness to administer insulin injections and help with their training.
☐ Provide insulin vials and syringes, or insulin pen and supplies.
☐ Provide a container to dispose of sharps.

Other: ______________________________

____

Program responsibilities:

☐ Determine their role in giving insulin, in collaboration with the child's parents.
☐ Enlist support of a community nurse to ensure staff comfort and competance with giving injections.
☐ Administer an injection.
☐ Record the injection on the child's *Medication consent form and record sheet*.

Other: ______________________________

____

Name, address and phone number for child care centre or home setting

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For a child using an insulin pump:

Parent responsibilities:

☐ Help train program staff to administer insulin using a pump.
☐ Ensure that the pump is in good working condition.

Program responsibilities:

☐ Check the child's blood sugar levels at the times requested by parents.
☐ Administer the correct dose based on blood sugar level and carbohydrates provided.
☐ Record the dose on the child's *Medication consent form and record sheet*.
☐ Take some simple, problem-solving steps to ensure the pump is working if a blood sugar reading is unexpectedly high.
☐ Attend education sessions on managing children's diabetes.

Food management

Regular times for meals and snacks: ______________________________

Parent responsibilities:

☐ Provide a daily snack containing carbohydrates (e.g., cheese and crackers).
☐ Provide program with a back-up supply of fast-acting sugar (e.g., glucose tablets or gel, honey).
☐ Label meals/snacks provided with their carbohydrate content, in grams, for children using a pump.

Other: ______________________________

____

Program responsibilities:

☐ Ensure that meals and snacks are offered on time.
☐ Share meal plans with parents in advance.
☐ Keep a back-up supply of fast-acting sugar on hand.
☐ Advise parents of special days involving food.

Other: ______________________________

____

Instructions for when food/treats are provided for the group for a special event: ______________________________

____

____

Instructions for days involving extra activity: ______________________________

____

____

Additional information: ______________________________

____

____

____

Name, address and phone number for child care centre or home setting

2 of 3

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May be reproduced for educational purposes, and for use in child care settings.

Typical signs or symptoms of this child's hypoglycemia (circle all that apply):

- headache,
- pallor (pale skin colour),
- fatigue/drowsiness,
- confusion/inattention,
- moist cold skin/sweating,
- hunger,
- irritability,
- dizziness/ shakiness,
- rapid pulse rate, and
- loss of coordination.

Other (please describe): ____________________

____

Can your child recognize his/her own low blood sugar signs?

☐ Yes ☐ No

If so, how might she/he describe feeling "low"? ____________________

____

____

____

What is usually given to treat low blood sugar? ____________________

____

____

____

Reminders

If in doubt, treat a child's symptoms:

If child is conscious:

1. Check the child's blood sugar level, if possible.
2. If the child's blood sugar is under 6 mmol administer fast-acting sugars immediately. Repeat in 10 to 15 minutes if symptoms persist.
3. Once the reaction subsides, offer a snack of cheese and crackers. Don't change the time for the next scheduled meal or snack.
4. Stay with the child until you are sure that recovery is complete.

If the child is unable to swallow, unconscious or having a convulsion:

1. Turn the child on her side.
2. **Call 911** (or emergency services where 911 service is unavailable).
3. Don't attempt to give anything by mouth.
4. Only administer glucagon if you have been trained to do so.

Name, address and phone number for child care centre or home setting

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Anaphylaxis Emergency Plan: ______________________________ *(name)*

This person has a potentially life-threatening allergy (anaphylaxis) to:

PHOTO

(Check the appropriate boxes.)

☐ Peanut
☐ Tree nuts
☐ Egg
☐ Milk
☐ Other: ______________________
☐ Insect stings
☐ Latex
☐ Medication: ______________________

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a *"may contain"* warning.

Epinephrine Auto-Injector: Expiry Date: ____________ / ____________

Dosage: ☐ EpiPen® Jr 0.15 mg ☐ EpiPen® 0.30 mg
☐ Twinject® 0.15 mg ☐ Twinject® 0.30 mg

Location of Auto-Injector(s): ______________________

☐ **Previous anaphylactic reaction:** Person is at greater risk.

☐ **Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling, itching, warmth, redness, rash
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Twinject®) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** in 5 to 15 minutes **IF** the reaction continues or worsens.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
5. **Call emergency contact person (e.g. parent, guardian).**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

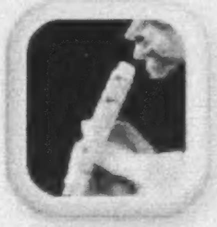
Patient/Parent/Guardian Signature ______________ Date ______________ Physician Signature ☐ On file ______________ Date ______________

Anaphylaxis Canada

Allergy Asthma Information association

How to use the EpiPen® / EpiPen® Jr. (Epinephrine) Auto-Injectors

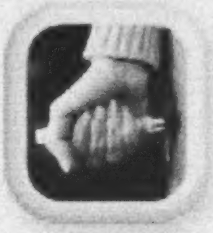
1



Remove yellow or green cap from carrying case

- Grasp the Auto-Injector with black tip pointing downward
- Pull off grey safety cap

2



Place black tip against mid-outer thigh and press firmly until the Auto-Injector activates. Hold while counting for several seconds, then remove

- Massage the injected area for 10 seconds

After administration

Call 911 or have someone take you to the emergency room

After using EpiPen® / EpiPen® Jr. follow 3 easy safety steps:

1

Carefully place used Auto-Injector, needle-end first, into storage tube

2

Screw cap of carrying case on completely

- This automatically bends needle back and secures pen so it won't fall out of tube

3

Give any used Auto-Injectors to emergency responders or emergency room personnel

(Epinephrine) Auto-Injectors 0.3/0.15mg
EPIPEN®

EpiPen Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions and for patients determined by a physician to be at increased risk for anaphylaxis.

For additional information, please visit www.EpiPen.ca

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EpiPen® is a registered trademark of Mylan, Inc. licensed exclusively to its wholly-owned affiliate, Dey, L.P. of Napa, California, USA • EPI-08-093

Anaphylaxis Emergency Plan: ______________________ *(name)*

This person has a potentially life-threatening allergy (anaphylaxis) to:

PHOTO

(Check the appropriate boxes.)

- ☐ Peanut
- ☐ Tree nuts
- ☐ Egg
- ☐ Milk
- ☐ Other: ______________________
- ☐ Insect stings
- ☐ Latex
- ☐ Medication: ______________________

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a *"may contain"* warning.

Epinephrine Auto-Injector: Expiry Date: ____________ / ____________

Dosage: ☐ EpiPen® Jr 0.15 mg ☐ EpiPen® 0.30 mg ☐ Twinject® 0.15 mg ☐ Twinject® 0.30 mg

Location of Auto-Injector(s): ______________________

☐ **Previous anaphylactic reaction:** Person is at greater risk.

☐ **Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling, itching, warmth, redness, rash
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Twinject®) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** in 5 to 15 minutes **IF** the reaction continues or worsens.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
5. **Call emergency contact person (e.g. parent, guardian).**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature ____________ Date ____________ Physician Signature ☐ On file ____________ Date ____________

Association québécoise des allergies alimentaires

Canadian Allergy, Asthma and Immunology Foundation

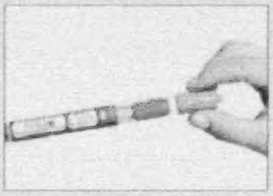
Anaphylaxis Canada

Canadian Society of Allergy and Clinical Immunology

Allergy Asthma Information Association

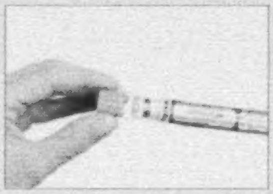
Twinject: Easy to use, easy to carry your back-up dose.

FIRST DOSE: AUTO-INJECTED



ONE

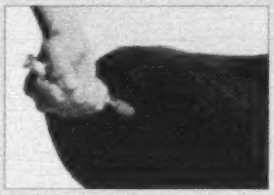
PULL off GREEN end cap #1 to see a RED tip.
Never put thumb, finger or hand over the RED tip.



TWO

PULL off GREEN end cap #2.

Numbered caps are for memory purposes only, and order is not important.



INJECT

Place RED tip against mid-outer thigh. Press down firmly. Hold against thigh while slowly counting to ten. Injects through clothes. Remove auto-injector.

PREPARE FOR SECOND DOSE. SEEK EMERGENCY MEDICAL HELP IMMEDIATELY.

TWINJECT Be Ready

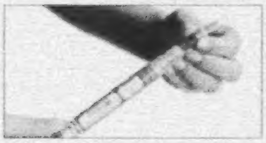
www.twinject.ca
1 877 TWINJECT

REMEMBER TO REGISTER IN THE TWINJECT 'BE READY' PROGRAM FOR:

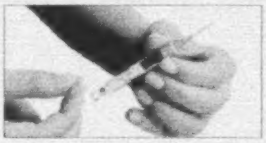
- Comprehensive training/retraining and support
- Patient support line available day or night (24/7)*

*Does not replace 911.

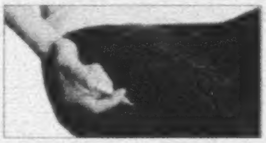
SECOND DOSE, IF NEEDED: MANUAL



Unscrew and remove RED tip.
Beware of exposed needle.
Holding BLUE hub at needle base, remove syringe from barrel.



Slide yellow collar off plunger.
PAUSE. If symptoms have not improved in about 10 minutes since first dose, inject second dose.



Insert needle into mid-thigh (at least 5 cm/2 in from first injection site) and push plunger down completely.

Twinject 0.3 mg Auto-Injector (0.3 mL Epinephrine Injection, USP, 1:1000) and Twinject 0.15 mg Auto-Injector (0.15 mL Epinephrine Injection, USP, 1:1000) are indicated for emergency treatment of severe allergic reactions (Type 1) including anaphylaxis to: stinging insects, biting insects, allergen immunotherapy, foods, latex, other allergens, and drugs. (Please see Product Monograph for full indication.) Epinephrine can also be used in the treatment of anaphylaxis of unknown cause, exercise-induced anaphylaxis, or anaphylactoid reactions.

Epinephrine should be used with caution in patients with cardiac arrhythmias, coronary artery or organic heart disease, hypertension, or in patients who are on medications that may sensitize the heart to arrhythmias. In patients with coronary insufficiency or ischemic heart disease, epinephrine may precipitate or aggravate angina pectoris as well as produce potentially fatal ventricular arrhythmias. Epinephrine use should be avoided in patients with organic brain damage. Administer with caution to elderly or hyperthyroid individuals, pregnant women, individuals with cardiovascular disease or diabetes.

Adverse reactions include transient, moderate anxiety; feelings of over stimulation; apprehensiveness; restlessness; tremor; weakness; shakiness; dizziness; sweating; an increase in pulse rate; the sensation of a more forceful heartbeat; palpitations; pallor; nausea and vomiting; headache, and/or respiratory difficulties.

More than 2 sequential doses of epinephrine should only be administered under direct medical supervision.

paladin

Twinject

Printed in Canada

ENVIRONMENTAL HEALTH SERVICES
Stanton Territorial Health Authority
(867) 669-8979

Cleaning Instructions For Drinking Water Storage Tanks

Cleaning and disinfecting your water storage tank at least once per year will prevent bacterial growth and mold and will help prevent the build-up of sediments. In communities where the water supply has high levels of sediments at certain times of the year, cleaning more often is recommended. A clean water tank helps make water taste better and reduces the risk of illness. The following are instructions for cleaning and disinfecting your water storage tank.

1. Shut off valve to distribution lines and drain all the water from the tank.
2. Wash and remove dirt from inside surfaces of the tank by means of a high-pressure hose or mop. It is unsafe to enter a confined space so **DO NOT ENTER THE TANK.**
3. Drain the wash water and sediment from the bottom of the tank. Remaining sediment can be vacuumed out if access is available.
4. Rinse the inside surfaces of tank with clean, potable water and again drain the wash water.
5. Disinfect the inside surfaces of the tank and the household distribution lines as follows:
    - Add 5 ml of liquid bleach for every liter of water the tank will hold. For example, a 1,000 liter capacity tank will require five (5) liters of bleach.
    - Fill the tank with clean, potable water. Mix well.
    - Open the valve to the distribution line.
    - Run water out of all water taps until you can smell chlorine.
    - Add more potable water to the water tank until it is full.
    - Let the chlorine solution sit in the tank and distribution system for at least four (4) hours or overnight if possible.
6. Drain tank completely and re-fill with fresh potable water.
7. Open the valve to the distribution lines and run water from all the taps until there is no smell of chlorine. You can then resume normal usage.

Please contact your Territorial Environmental Health Officer for more information or if you have other water safety questions.

STANTON
TERRITORIAL
HEALTH
AUTHORITY

February 2008

SECTION 11

REGULATION 39

PARENTAL INVOLVEMENT

Section 11

Regulation 39

PARENTAL INVOLVEMENT

This section looks at the things that operators have to do to ensure that parents are welcome and involved in the early childhood program and overall operation of the facility.

It also specifies when a parent *is not allowed* to access a child, or visit or participate in the program.

Throughout the regulations, and this handbook, the word "parent" includes guardians.

REGULATION 39(1)

Parental Involvement

> An operator shall establish, and confirm in writing, to the Director, a means of involving the parents of children attending the child day care facility.

Why

◆ To ensure parental involvement in:
- decisions affecting the early childhood program, and/or
- the operation of the facility.

What it means

☞ As part of the Application for a Licence, the licence applicant must include a written description of how parents will be involved (Regulation 2(4)(h)).

☞ If the Director issues a licence it means the opportunities for parental involvement are satisfactory.

How to...

✓ Write a parental involvement policy that outlines opportunities for parents to be part of their child's day care experience.

✓ In general, the larger the facility, the more opportunities there should be for parents to be involved both in the operation of the facility and in delivery of the daily program.

✓ Invite parents to become involved by approaching them directly. Some parents will not volunteer on their own, but if they are specifically asked to do something many of them will.

✓ Have an annual evaluation where parents can give feedback on the program, facility and staff. The evaluation should be anonymous and use a "parent-friendly" format, such as a short questionnaire or an interview conducted by another parent.

Centre operators

✓ If the facility is operated by a Board of Directors made up of parents:
- being a Board member is one opportunity for parents to become involved, but it should not be the only one,
- don't micromanage the operation of the child care facility. Hire competent staff, and support them, but let them do their jobs.

✓ Other ways for parents to be involved include:

- establishing goals and objectives for the early childhood program
- establishing program policies
- overseeing financial operations
- handling complaints
- hiring staff
- supporting staff
- serving on committees, such as a Parent Advisory Committee
- volunteering to help at the facility
- sharing cultural traditions
- telling stories or sharing a craft or skill
- fundraising
- assisting with field trips/outings
- writing a newsletter or blog
- maintaining a website for the facility
- assisting with administrative tasks – e.g. filing
- collecting/providing materials for crafts – e.g. egg cartons, magazines
- having the opportunity to provide feedback or an evaluation

Family day home operators

✓ Involve parents through:

- sharing cultural traditions
- telling stories or sharing a craft or skill
- collecting/providing materials for crafts – e.g. egg cartons, magazines
- assisting with field trips
- having the opportunity to provide feedback or an evaluation

Resources

Not-for-Profit Child Care Centre Boards in the Northwest Territories: Administration and Management Manual

This resource will be helpful for child care centre boards that are made up of parents of children attending the facility.

Chapter 1 Section 1: Organizational Chart

Chapter 2 Section 1: Board of Directors Roles and Responsibilities

Chapter 5 Section 5: Parental Involvement

Well Beings: A Guide to Health in Child Care (3rd edition)

Chapter 16: Caregivers' Emotional Health

> Building partnerships with families

Order from www.caringforkids.cps.ca

> Bookstore

ECERS-R

Parents and Staff: 38 Provisions for parents

Section Resources

Building Partnerships with Families R11-1

A Self-Assessment Checklist –

Working with Families R11-2

REGULATION 39(2)

Parent Visits and Participation

REGULATION 39(3) AND (4)

Parents Not Allowed to Visit or Participate When...

39(2)
Subject to subsections (3) and (4) an operator shall allow, welcome and encourage a parent of a child attending the child day care facility to visit the facility and to participate in the delivery of the daily program.

39(3)
Subsection (2) does not apply to the extent that it conflicts with a court order or agreement that restricts or prohibits access by a parent.

39(4)
Subsection (2) does not apply in respect of a parent if:
(a) an operator has concerns, arising from a past visit, regarding the behaviour of the parent;
(b) the operator has notified the Director of the concerns; and
(c) the Director has agreed that subsection (2) should not apply.

Why

◆ To ensure that parents are welcome to visit and participate in the daily program.

◆ To clearly state the conditions when parents are not permitted to visit the facility or participate in the daily program.

What it means

☞ The operator must welcome and encourage parents to visit the facility and participate in the delivery of the daily program except:

- when a court order or agreement limits or prevents access. If there is a court order that limits parental access the order will specify the conditions – for example, the parent may visit only when a social worker is present.
- when there are concerns based on a past visit, and the Director has been notified, and the Director agrees that a parent should not be allowed to visit or participate.

Related regulations

⇔ 11(2)(e): The child's application for enrolment includes the name of anyone who is restricted or prohibited from accessing or picking up a child, as well as a copy of the court order or agreement.

⇔ 23(1) and (2): The operator must have behaviour policies that set a tone of respect, cooperation and positive reinforcement at the facility. These policies apply to everyone entering the facility, including parents.

⇔ 23(4): Certain behaviours are unacceptable and the operator has to ensure that they do not occur and/or are not tolerated.

How to...

✓ Encourage parents to look at the daily schedule to see where they might want to participate or watch.

✓ Invite parents for certain activities – such as reading or telling stories, sharing a skill, assisting with field trips, on-the-land activities, or fun days.

✓ Give parents a clearly defined role, and if there are things you don't want them to do, such as changing diapers, then make that clear too.

Centre operators

✓ Make sure staff know what parents are supposed to do and not do.

✓ Make sure that all staff are aware of any court order or agreement that limits or prevents a parent or other person from accessing a child.

✓ If a parent with limited or no access arrives at the facility or tries to access the child in any way, this should be treated as a serious emergency. Follow the procedures in *Responding to Emergencies: A Handbook for Early Childhood Programs*. (See Resources.)

✓ It may be hard to decide that a parent should not visit. As a rule you should expect parents to behave in ways that are similar to how you expect staff to behave (Regulations 23(1), (2) and (4)). Inappropriate behaviours include:

- comments such as put downs, swearing and temper outbursts,
- comments that are suggestive or racist,
- behaviours such being under the influence of alcohol or physically punishing a child.

These behaviours would not be allowed by staff and they should not be allowed by a parent either.

✓ During a visit, if a parent behaves in such a way that you have concerns about them visiting again, speak to the parent in private – be specific about what they said or did that is the concern, and tell them what you expect during future visits.

✓ Talk to the Regional Consultant about limiting future parent visits.

✓ If inappropriate behaviour by a parent continues or is such that you do not want them to visit again:

- document, in writing, the visit and your concerns about the parent visiting again,
- share your concerns with the Regional Consultant who will communicate them to the Director,
- ask the Director to support your decision,
- make sure all staff are aware that a parent is not allowed to visit or participate in the delivery of the daily program.

Family day home operators

✓ If a parent with limited or no access arrives at the facility or tries to access the child in any way, this should be treated as a serious emergency. Follow the procedures in *Responding to Emergencies: A Handbook for Early Childhood Programs*. (See Resources.)

✓ It may be hard to decide that a parent should not visit. As a rule you should expect parents to behave in ways that support the behaviour policies required by Regulation 23(1). Inappropriate behaviours include comments such as put downs, swearing and temper outbursts, comments that are suggestive or racist, and behaviours such being under the influence of alcohol or physically punishing a child.

✓ During a visit, if a parent behaves in such a way that you have concerns about them visiting again, speak to the parent in private – be specific about what they said or did that is the concern, and tell them what you expect during future visits.

✓ Talk to the Regional Consultant about limiting future parent visits.

✓ If inappropriate behaviour by a parent continues or is such that you do not want them to visit again, you might decide to ask the parent to withdraw the child, or the parent might do so voluntarily, but if not:
- document, in writing, the visit and your concerns about the parent visiting again,
- share your concerns with the Regional Consultant who will communicate them to the Director,
- ask the Director to support your decision.

Resources

Responding to Emergencies: A Handbook for Early Childhood Programs
Department of Education, Culture and Employment, GNWT

RESOURCE SHEET

Canadian Child Care Federation

#86

Building Partnerships with Families

Children feel more secure in their child care setting when they see their family members and their child care practitioner in a respectful relationship. They also learn social and communication skills by observing the adults around them talking and solving problems together. Here are some ways to strengthen your partnership with parents in caring for their children.

Create a welcoming atmosphere

- Meet parents and children at the door with a **smile and a pleasant greeting** every day. Let them know you are happy to see them.
- Be aware of your **body language**: what does your posture and the way you move say about your attitude to families?
- Let families know that **your door is open**. Encourage them to participate in whatever way suits their schedule, their interests and their talents.
- Make your setting **comfortable for adults** by having adult-sized chairs and a place to hang their coats.
- Look for ways to **bring together the families** whose children you care for, for example at an annual picnic, regular potluck suppers, an outing to a special event in your community.

Communicate clearly and frankly

- **Share information** about the child's day. Did they nap well? Was their appetite good? Any special activities, events or outings? Information can be shared in conversation, in writing, or with photos.
- **Suggest topics of conversation** for parents with their children. For instance, "You may want to ask Joey about the bird we saw at the park today." **Encourage families to do the same for you**. This strengthens the link between home and child care.
- **Listen** to what parents say and let them know that the information they give you about their child is important to you by acting on their suggestions whenever possible.
- Offer a **positive observation** about the child every day at pick-up time, even if it's been a difficult day. Share an amusing story or describe a new accomplishment. **Be specific**. For instance, "Mina put away all the blocks today," instead of "Mina was a good girl today."
- If you have something negative to report, use the **"sandwich" technique**. Start off with a positive remark, describe the problem behaviour, and finish by describing something positive the child has done. Express confidence that the problem behaviour will improve with time.
- Be aware that other people are listening, both children and parents. **Save sensitive subjects** for more private conversations.

Respect differences

- **Validate families' culture and language.** If families are of a culture different from your own, ask them to suggest materials and activities that you could use in your program that reflect their culture. Ask them to teach you words, simple phrases and children's songs in their language that you can use with the children.
- **Validate family diversity.** Look for ways to show a variety of family structures in your activities and stories: moving between separated parents, living with grandparents, having two mothers, living with half-brothers and half-sisters, etc.

Build on strengths

- **Describe** back to families something you saw them doing well. For instance, you could say, "I noticed that you handled your daughter's frustration quite smoothly this morning. You really helped her start our program activities more easily."
- **Notice families' efforts** and **show your appreciation**: "I can see you're really working on the routine you decided on for leaving here in the morning. It's already making a difference."
- **Help families make the most of their strengths.** Ask, "Tell me about a time when you have fun together and things go well." Then look for ways to apply those same strategies and characteristics to make problem situations go better.
- **Avoid judging and blaming families**. If you find yourself thinking negatively about a family, reframe your thought from a judgement to curiosity: Ask yourself, "I wonder if there's some reason for their behaviour that I don't understand yet?" With this attitude, you will be more open to listening to them and they will be less defensive when talking to you.

It takes an open, respectful attitude and clear communication to build successful partnerships. On this solid base, you can work out common goals and share decision making with families. Together, you will be able to make the connections between home and child care that will enhance children's development.

Prepared by Betsy Mann for the Canadian Child Care Federation. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase this resource sheet, contact the Canadian Child Care Federation, 201-383 Parkdale Ave., Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 or 1 800 858-1412. Fax (613) 729-3159. Email info@cccf-fcsge.ca. Website www.cccf-fcsge.ca. *© CCCF 2008*

National Statement on
Quality Early Learning and Child Care

A Self-Assessment Checklist based on National Statement of Quality Early Learning and Child Care

Self-reflection is one of the many avenues that you can use to foster your personal growth as a child care practitioner… thinking about your current practice and reflecting on whether there are things you would like to change.

Partners in Quality: Tools for Practitioners in Child Care Settings, Canadian Child Care Federation, 2000.

Evaluate your practice using a scale of 1 to 5, where 1 is the lowest and 5 is the highest.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

- Genuine efforts are made by the program to understand the family's needs, cultural and/or religious practices and preferences related to child-rearing and its goals for the child before the child enters the program and throughout the child's stay in it.
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- Before the child enters the program, the program and the family discuss the program's philosophy, policies and procedures and the child's daily routines.
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- The practitioner and family work together to develop an approach to assist the child to settle into the program and to establish initial developmental goals.
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- Routines, food and activities are modified, to the extent possible, to reflect family practices and respect family preferences.
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

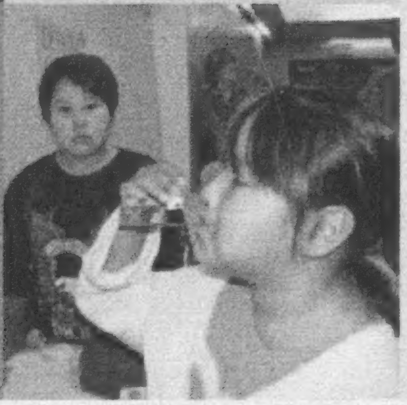
- Families are encouraged to visit the program and participate in its activities any time their child is present.
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- The program actively and continuously engages the family in information-sharing about he child's daily experiences and regularly involves the family in goal-setting and planning for the child.
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- Families are encouraged and supported to share any concerns they have about the program or their child's progress.
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- The program responds promptly when parents express concerns.
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- When families have concerns or when differences of opinion occur between the program and the family, there is a respectful exploration of the issues and consideration of possible solutions with the family.
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- The program uses a variety of strategies to provide families with information about and opportunities to input into significant proposed changes or decisions that may impact on them or their children and ensures that families are informed when there are changes in policies or procedures that affect them or their child.
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- The program uses a variety of strategies to encourage and enable on-going family involvement in setting program policies.
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- The program ensures that parents who are elected to the board of directors are given an orientation to its role and responsibilities and specific training related to board membership.
  ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

For more information and links to resources on quality early learning and child care, visit www.qualitychildcarecanada.ca

SECTION 12

REGULATIONS 40 TO 44

SANITARY STANDARDS



Section 12

Regulations 40 to 44

SANITARY STANDARDS

This section looks at regulations related to:

- sanitation in toilet and washing areas
- bathing and diapering procedures for infants
- requirements for garbage removal, storage and pick-up

REGULATION 40

Toilets and Washing Areas

REGULATION 41(1)

Liquid Hand Soap and Running Water

REGULATION 41(2)

Disposable Washcloths and Towels

40

A child day care facility must have flushable toilets and washing areas that a public health officer considers to be satisfactory for the maximum number of children permitted in the facility.

41(1)

The toilet and washing areas of a child day care facility must have an adequate supply of liquid hand soap and hot and cold running water.

41(2)

Single service disposable washcloths and towels must be provided for use in the child day care facility.

Why

- To provide adequate bathroom and washing facilities and supplies for children, staff and volunteers.
- To ensure cleanliness and prevent the spread of germs.

What it means

- The EHO will determine if the flushable toilets and washing areas are satisfactory.
- Washing areas must have an adequate supply of liquid hand soap, disposable wash cloths, disposable towels, and both hot and cold running water.
- Annual inspections by the Regional Consultant and EHO will include checking toilet and washing areas and procedures. See the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).
- If a facility does not have flushable toilets the operator should ask the Minister, under Section 38(3) of the Act, to exempt the facility from the requirements of Regulation 40 and use a chemical toilet instead.

Related regulations

⇔ 15: All rooms, including washrooms, must be ventilated, lighted, sanitary, heated, well maintained, and suitable for children.

How to...

- ✓ Have at least one flush toilet and one wash basin for every ten children.
- ✓ If possible, toilets, sinks, and counter tops should be an appropriate size and height for children.
- ✓ When toilets are not child-size/height provide step stools and/or training seats, or potties as necessary.
- ✓ Make sure children can easily reach toilet paper.
- ✓ Flush toilets or empty potties after each use.
- ✓ Clean and disinfect potties after each use.
- ✓ Have plenty of liquid hand soap, and disposable wash cloths and towels at each washing station.
- ✓ Teach children proper handwashing technique and assist them as necessary, to prevent the spread of germs.
- ✓ Make sure children can easily reach the liquid soap, wash cloths and towels.
- ✓ Make sure school-age children have privacy when using the toilet.
- ✓ Post and follow the schedule set by the Director for cleaning and sanitizing toilets, sinks and surrounding areas (Regulation 21(2)(c)).
- ✓ When building or renovating a child care centre include child-size toilets and wash basins, with toilet paper, wash cloth and towel dispensers at an appropriate height.

Resources

ECERS-R

Personal Care Routines: 12 Toileting/Diapering
13 Health practices

Section Resources

Hand Washing: The Best Prevention for Colds and Flu R12-1
When to Wash Hands R12-2
Toilet Learning R12-3
Cleaning and Sanitizing Schedule R12-4

REGULATION 42

Bathing Facilities for Infants and Young Children

An operator providing care for children less than 24 months of age shall provide bathing facilities for those children and ensure that each child is attended at the time of bathing by a primary staff person or by a support staff person involved in the delivery of the daily program.

Why

- ◆ To provide supervised bathing facilities for infants and young children.

What it means

- ☞ The operator must have facilities for bathing infants and young children as needed – for example, a regular installed bathtub, infant-size bathtub or large sink within the washroom area.
- ☞ Children who require washing or bathing must be attended to at all times by the operator or a staff member.

How to...

- ✓ Ideally, facilities have a regular installed bathtub, and an infant-size tub, laundry tub or oversized sink.
- ✓ DO NOT bathe children in an area where food is prepared.
- ✓ Have a stack of clean towels available, and wash them after each use.
- ✓ Make sure that when children are bathing they are directly supervised by the operator or a staff member and assisted as necessary.

REGULATION 43

Diapering Area and Diapering Procedure

An operator shall:

(a) provide a diapering area in the child day care facility satisfactory to a public health officer for all children who require diapering; and

(b) develop procedures respecting the use of the diapering area.

Why

◆ To provide a specific area and procedures for diapering children.

◆ To prevent the spread of germs.

What it means

☞ The EHO will determine if the diapering area is satisfactory.

☞ The operator must develop diapering procedures.

☞ Annual inspections by the Regional Consultant and EHO will include checking the diapering area and procedures. See the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

How to...

✓ Make sure any diapering area:

- is separate from food preparation and eating areas,
- contains a firm non-porous surface (table or diapering pad) that is easily cleaned and sanitized after every use,
- has hand-washing facilities,
- contains liquid soap and single serve towels,
- has individual diapers, wipes, and creams labeled and stored separately for each child, and
- has special waste containers with lids that operate by a foot pedal.

✓ Develop and follow a step-by-step diapering procedure that ensures the health and safety of staff, children and all others with access to the diapering area.

✓ Post the procedure within view of any diapering area.

✓ Centre operators, provide training to staff and ensure they follow the procedure at all times.

Resources

ECERS-R
Personal Care Routines: 12 Toileting/Diapering

Diaper Changing Procedure for Child Care Providers (example)

1. Wash hands and organize needed supplies.
2. Place a disposable covering (paper towel) on the diapering change table.
3. Hold the child away from your body and lay the child on the paper towel. Fasten the child with safety belt.
4. If using gloves, put them on now.
5. Remove the soiled diaper (and soiled clothes if necessary) and discard it in a plastic-lined garbage container operated by a foot pedal.
6. Put soiled re-usable diapers and/or soiled clothes, without rinsing, in a plastic bag to be given to parents.
7. Clean the child's bottom with a pre-moistened disposable towelette or a dampened, single-use disposable towel. Discard soiled towelette or towel in a plastic-lined garbage container operated by a foot pedal.
8. If the child needs a more thorough washing, use soap, warm running water, and paper towels. Disinfect the sink or tub, and change table, immediately after you have diapered the child.
9. Discard the gloves in a plastic-lined garbage container operated by a foot pedal.
10. Wash hands.

REGULATION 44(1)(A) AND (C) AND 44(2)

Garbage Removal – Centres

44(1)

Garbage and refuse must:

(a) in the case of a centre day care facility, be removed daily from the facility to a storage area satisfactory to a public health officer; and

(b) in the case of family day homes... (see next shaded box)...

(c) be removed weekly from the storage area referred to in paragraph (a) to an area established for the disposal of community garbage and refuse.

44(2)

A public health officer may require garbage and refuse to be removed more frequently than is required under subsection (1).

Why

◆ To ensure that garbage and refuse are removed from the child care centre in a timely and sanitary manner.

What it means

☞ This regulation applies only to operators of centres. Family day home operators, see next page.

☞ Garbage means waste that comes from the preparation, cooking, handling or eating of food – e.g. food scraps, meat wrappers, food past the best before date, disposable diapers, etc.

☞ Refuse means any other discarded, solid material, such as paper, boxes, cans, plastic containers, grass clippings, broken toys, etc.

☞ Garbage and refuse must be removed from the centre every day and placed in a storage area approved by the EHO.

☞ Garbage and refuse must be removed from the storage area every week and taken to the community dump.

☞ The EHO could ask the operator to remove garbage and refuse more often, and the operator would have to do so.

☞ Annual inspections by the Regional Consultant and EHO will include checking procedures and facilities for removing garbage and refuse. See the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

How to...

✓ Place all garbage and refuse in sealed plastic bags, and put the bags in the storage area every day.

✓ Make sure that ravens, dogs and other scavengers cannot get into the storage area. Use a dumpster, plastic, wood or metal garbage box, or garbage cans with tight fitting lids.

✓ Make sure the centre is on the municipal garbage pick-up system.

✓ Ensure all staff are aware of daily and weekly garbage removal schedules.

✓ Clean and sanitize garbage cans weekly and whenever garbage has leaked.

✓ Store refundable drink containers separately and establish a regular schedule to take them to the local bottle depot.

✓ Participate in other community recycling programs as available.

REGULATION 44(1)(B) AND (C) AND 44(2)

Garbage Removal – Family Day Homes

44(1)

Garbage and refuse must:

(b) in the case of a family home day care facility, be kept in garbage and refuse containers satisfactory to a public health officer, and be removed as needed, to a storage area satisfactory to a public health officer; and

(c) be removed weekly from the storage area referred to in paragraph (b) to an area established for the disposal of community garbage and refuse.

44(2)

A public health officer may require garbage and refuse to be removed more frequently than is required under subsection (1).

Why

◆ To ensure that garbage and refuse are removed from the family day home in a timely and sanitary manner.

What it means

- ☞ This regulation applies only to operators of family day homes. (Centre operators, see previous page.)
- ☞ Garbage means waste that comes from the preparation, cooking, handling or eating of food – e.g. food scraps, meat wrappers, food past the best before date, disposable diapers, etc.
- ☞ Refuse means any other discarded, solid material, such as paper, boxes, cans, plastic containers, grass clippings, broken toys, etc.
- ☞ Garbage and refuse must be kept in containers approved by the EHO.
- ☞ Garbage and refuse must be removed from the family day home as needed and placed in a storage area approved by the EHO.
- ☞ Garbage and refuse must be removed from the storage area every week and taken to the community dump.
- ☞ The EHO could ask the operator to remove garbage and refuse more often, and the operator would have to do so.
- ☞ Annual inspections by the Regional Consultant and EHO will include checking procedures and facilities for removing garbage and refuse. See the box **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

How to...

- ✓ Place all garbage and refuse in plastic bags in containers with lids, and move bags to the storage area as needed.
- ✓ Make sure that children cannot access the containers.
- ✓ Make sure that ravens, dogs and other scavengers cannot get into the storage area. Use a plastic, wood or metal garbage box, or garbage cans with tight fitting lids.
- ✓ Make sure the family day home is on the municipal garbage pick-up system.
- ✓ Clean and sanitize garbage cans weekly and whenever garbage has leaked.
- ✓ Store refundable drink containers separately and establish a regular schedule to take them to the local bottle depot.
- ✓ Participate in other community recycling programs as available.

RESOURCE SHEET

Canadian Child Care Federation

#84

Handwashing: the best prevention for colds and flu

Cold and influenza (or 'flu') viruses are found in the nose and throat. The viruses spread through droplets in the air when someone coughs or sneezes. They also spread when people touch objects that have the virus on them.

Washing your hands and your kids' hands is the best way to stop the spread of germs. You are always collecting germs on your hands, by opening doors, wiping faces, playing with children's toys and changing diapers. You cannot avoid them, but you can reduce the chance of passing them to others by washing your hands.

In general, unless you are caring for someone who is at a higher risk of infection – a newborn baby, an elderly person or someone whose immune system is not healthy – washing with a plain, mild soap is fine.

When should parents wash their hands?

Wash your hands before:
- Cooking or eating.
- Feeding a baby or child (including breastfeeding).
- Giving medication to a child.

Wash your hands after:
- Changing a diaper.
- Helping a child to use a toilet.
- Using a toilet yourself.
- Taking care of a sick child.
- Handling pets or animals.
- Cleaning pet cages or litter boxes.
- Wiping or blowing your own or your child's nose.
- Preparing food.

When should children wash their hands?

Children should wash their hands before:
- Eating or handling food.
- Water play.

Children should wash their hands after:
- Having a diaper change.
- Using the toilet.
- Playing outdoors or in sand.
- Playing with pets or animals.
- Sneezing or coughing into their hands or blowing noses.

Four steps to proper handwashing

- Wet your hands under running water.
- Scrub your hands well with soap.
- Rinse your hands under running water.
- Dry your hands with a clean towel.

How should parents wash their baby's hands?

- Wash your baby's hands with soap and a warm, wet, fresh towel (either paper or cloth).
- Rinse the baby's hands with another fresh, warm, wet towel.
- Dry the hands well.

Do antimicrobial products work?

Today, many products with antimicrobials are sold for home use. Common household cleaners, such as hand soap and dishwashing liquid, come in 'antibacterial' forms, and many products are treated with antimicrobials, from toys to kitchen utensils.

Handwashing using plain soap and water is still the most important way to reduce the spread of germs. When water and soap are not available, use premoistened hand wipes or alcohol-based hand rinses. Keep hand rinses out of the reach of children because they may be harmful if swallowed.

For the most part, although antimicrobial products have been shown to work in laboratory tests, their effectiveness in the home has not yet been proven.

You don't need to buy toys that have antimicrobial products added to them.
- If children put toys in their mouths or play with them when they are sick, clean the toys with water and soap and rinse well before another child uses them.
- Clean machine-washable plastic toys in the dishwasher and machine-washable cloth toys in the washing machine.
- If toys can only be hand-washed, use soap and water or a diluted bleach solution.

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WHEN TO WASH HANDS

Staff must wash their hands

- ☐ Whenever they're visibly dirty
- ☐ After arriving for work
- ☐ After using the toilet, changing a diaper or helping a child to use the toilet
- ☐ Before and after preparing food, before feeding a child and before eating
- ☐ After sneezing, coughing or blowing their nose and after wiping a child's nose
- ☐ After caring for a child with an infection
- ☐ Before and after giving medication or applying an ointment, cream or sunscreen
- ☐ Before and after applying a bandage or performing other first aid
- ☐ After cleaning up any body fluid (blood, mucus, vomit, feces, urine, drool)
- ☐ After household (environmental) cleaning and disinfection
- ☐ After handling contaminated or soiled clothing or bed linens
- ☐ After removing disposable (e.g., plastic or vinyl) or household rubber gloves
- ☐ After handling or caring for pets

Help children wash their hands

- ☐ Whenever they're visibly dirty
- ☐ When they arrive
- ☐ After a diaper change or after using the toilet or potty
- ☐ Before eating or drinking
- ☐ Before and after water play
- ☐ After playing with sand or clay
- ☐ After sneezing, coughing, or wiping their nose with a hand or tissue
- ☐ After handling pets or other animals

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RESOURCE SHEET

Canadian Child Care Federation

#83

Toilet Learning

Most children are ready to begin toilet learning between the ages of 2 and 4 years, but each child is different. You'll learn to follow your child's cues through each step of the process. But be patient because it will usually take between 3 and 6 months before your child is out of diapers for good.

How do I know when my child is ready?

Your child is probably ready for toilet learning when he:

- can walk to the potty (or adapted toilet seat);
- is steady and balanced when sitting on the potty;
- can stay dry in diapers for several hours in a row;
- can follow one or two simple instructions;
- can let you know when he needs to use the potty;
- wants to please you; and
- wants to be independent.

How do I help my child learn to use the toilet?

- Make sure that you have enough time, attention and patience to help your child every day. Toilet learning doesn't happen overnight. It's a process, so watch your child for signs that he is ready to move from one step to the next. Don't worry about accidents – they are bound to happen!
- First, decide which words you are going to use to refer to body fluids, functions and body parts. It's best to be direct about toilet learning. You can also let your child watch you use the toilet.
- If other people care for your child, talk to them about your plans for toilet learning. It's important that all caregivers are consistent.
- Your child will be more secure and stable on a potty chair than on a regular toilet. If you don't use a potty, you'll need a toilet seat adapter and a footstool.
- Put the potty in a place that your child can get to easily.
- Help your child get used to the potty. Let your child sit on it while she is fully dressed. Then, have her sit on it after you've taken off a wet diaper. You may even want to put the dirty diaper in the potty to show her what it's used for.
- When your child is ready, take her to the potty several times each day and encourage her to sit on it for a few minutes without wearing a diaper.
- Encourage your child to tell you when he needs to pee. Be sure to praise him, even if he tells you after the fact.
- Watch for signs that let you know he needs to pee.
- Develop a routine by having your child sit on the potty at specific times during the day, such as after getting up in the morning, after meals or snacks, before naps and before bedtime.
- Praise your child often and be patient. Expect accidents, and do not punish your child when they happen.
- When your child has used the potty successfully for at least a week, suggest that she try cotton underpants or training pants. When she is ready, make this a special moment.

What if toilet learning doesn t work?

If the first try at toilet learning doesn't work, it's usually because your child isn't ready.

If your child refuses to use the potty, take a break from the training for about 1 to 3 months.

Your child may not want to pass a stool in a potty or the toilet, especially if she doesn't have good support for her feet. Let her have bowel movements in a diaper so she doesn't get constipated. This can make going to the bathroom painful. If it hurts, it's likely to take even longer to use the toilet.

When should I talk to my doctor?

Talk to your doctor if:

- your child still refuses after several tries; or
- your child is older than 4 years of age.

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Cleaning and sanitizing schedule

How often	Cleaned *and* sanitized	Other cleaning methods and notes
Before *and* after each use		
Kitchen		
Food preparation surfaces	X	
After each use		
Bathroom		
Potty chairs	X	
Change tables—without paper liner	X	
Utility sinks	X	
Kitchen		
High chair trays	X	
Tabletops	X	
Plastic bibs	X	
Blenders and food processors	X	
Toys		
Babies' plastic mouthed toys	X	Or run them through a full wash/rinse/dry dishwasher cycle (not at the same time as dishes or cutlery).
Other items		
Soothers	X	Reserve for use by one child.
Daily *and* when soiled		
Bathroom		
Change tables—with paper liner	X	Discard paper after each change. Clean and sanitize if surface becomes soiled.
Handwashing sinks	X	
Toilets	X	
Floors		Mop using household cleaner.
Diaper pails	X	
Countertops and fixtures	X	
Kitchen		
Floors		Mop using household cleaner.
Stovetops and tabletops	X	
High chair trays	X	
Can openers	X	
Countertops and sinks	X	
All areas		
Doorknobs, door handles, light switches	X	
Throw rugs and carpets		Vacuum daily, clean as needed and shampoo every 3 months. Avoid using carpet in infant/baby areas.
Floors		Sweep or vacuum.
Toys		
Activity centres, play mats	X	
Shared plastic toddler toys	X	Or run them through a full wash/rinse/dry dishwasher cycle (not at the same time as dishes or cutlery).
Water tables	X	
Shared puzzles, board books	X	Only clean before sanitizing if visibly soiled.
Cleaning items		
Dusting/cleaning cloths		Launder.

1 of 2

How often	Cleaned *and* sanitized	Other cleaning methods and notes
Weekly *and* when soiled		
Kitchen		
Microwaves	X	
Sleeping areas		
Bedding		Launder. Where possible, reserve for use by one child.
Cribs/cots/mats	X	Where possible, reserve for use by one child.
All areas		
Floor mats	X	
Garbage containers (inside)	X	Clean whenever garbage has leaked.
Tabletops not used for food preparation and eating		Clean.
Sofas, chairs		Vacuum.
Pillows and cushion covers used in activity areas		Launder.
Toys		
Soft washable toys		Launder. Where possible, reserve for use by one child.
Dress-up clothes		Launder.
Sandbox toys	X	
Sand table toys	X	
Cleaning items		
Sponge mops	X	Hang head-side up to air dry.
Monthly *and* when soiled		
Kitchen		
Refrigerators		Clean. Clean out the freezer every 6 months.
Ovens		Clean.
All areas		
Woodwork and cubbies		Damp-wipe.
Garbage containers (outside)	X	Clean whenever garbage has leaked.
Drapes and curtains		Vacuum. Launder or dry clean yearly.
Air vents		Vacuum.
Door ledges and shelving		Damp-wipe.
Windows		Wash inside and out at least twice a year.
Toys		
Sand tables	X	
Preschoolers' toys	X	

Source: Department of Health and Human Services (Newfoundland and Labrador). 2005. *Standards and Guidelines for Health in Child Care Settings.* Adapted with permission.

2 of 2

SECTION 13
REGULATION 45
ADMINISTERING MEDICINE TO A CHILD

13. Administering Medicine to a Child

Section 13

Regulation 45

ADMINISTERING MEDICINE TO A CHILD

This regulation explains the procedures that operators must follow if they agree to give medicine to a child. This includes both patent (over the counter) medicine and prescription medicine.

REGULATION 45

Giving Medicine to a Child

An operator who agrees to administer patent or prescription medicine to a child shall:
(a) obtain prior written permission from the child's parent;
(b) accept only medicine brought to the facility by the parent;
    (i) in the case of patent medicine, in the original container; or
    (ii) in the case of prescription medicine, in a container supplied by a pharmacist;
(c) in the case of;
    (i) a family home day care facility, administer the medicine to the child; and
    (ii) a centre day care facility, designate one primary staff person on duty as having the responsibility of administering the medicine to the child;
(d) ensure that the medicine is labeled with the child's name, the expiry date, dosage and time and method of administration;
(e) ensure that the medicine is stored in a locked cabinet and in accordance with any directions on the packaging or directions from a pharmacist;
(f) keep written records of each dose administered to the child, including the type of medicine, time of administration and amount of dose; and
(g) in the case of a centre day care facility require that the primary staff person who administers medicine sign the record referred to in paragraph (f).

Why

◆ To ensure that medicine is administered (given) safely to a child.

◆ To ensure that medicine is stored safely.

What it means

☞ If an operator agrees to give medicine to a child the operator must meet all of the criteria in the shaded box.

How to...

✓ Agree to administer medicine ONLY if you feel comfortable and competent to do so. If a child needs insulin injections, for example, only agree to do so after training by a health professional or the parent.

✓ Use the form in the resources at the end of this section, or develop a form for the parent to complete with all information required to safely and properly administer a medicine:

- Name of child
- Name of medicine
- Purpose of medicine
- Dose – the amount of medicine to be taken at any one time
- When the child has to take the medicine – e.g. specific time(s), or after eating
- Special instructions if any – e.g. take with a full glass of water
- Cautions, or side effects if any – e.g. may make the child sleepy

- Dates that the child has to take the medicine – e.g. for two weeks, starting February 17
- A statement such as, "I *name of parent* give *permission for name of operator* to give medicine to *name of child*, as above."
- A place for the parent to date and sign

✓ Accept medicine from parents only if it's in proper containers – (b) in the shaded box.

✓ Family day home operators, give the child the medicine yourself – (c)(i) in the shaded box.

✓ Centre operators, designate one primary staff person to administer medicine – (c)(ii) in the shaded box.

✓ Label medicine with the child's name, expiry date, dosage, time and method of administration – (d) in the shaded box.

✓ Store medicine in a locked container following any directions on the label, such as "keep refrigerated" – (e) in the shaded box.

✓ To give the medicine, follow the steps in Giving Medicine Correctly. (See Resources.)

✓ Use the form in the resources at the end of this section, or develop and use a record (or form) to complete each time a child gets medicine – (f) and (g) in the shaded box:

- Name of child
- Name of medicine
- Time medicine was given to the child
- The amount of medicine that was given (the dose)
- The staff person's signature (day care centres)

✓ Keep these records on file at the facility.

✓ Watch for possible side effects, as indicated by the parent on the consent form, and take steps to make the child more comfortable as needed.

Resources

Section Resources

Medication Consent Form
and Record Sheet R13-1
10 Steps for Giving Medication Correctly....R13-3

Canadian
Paediatric
Society

Medication consent form and record sheet

Program name / logo

Name of child: ______________________________

Date: ______________________________

I: To be completed by child's parent or guardian

I, ______________________________ [parent or guardian's name], give permission

for ______________________________ [child's name] to be given the following

medication by child care staff according to instructions stated below.

Parent/guardian's signature: ______________________________

Name of medication: ______________________________

____

Amount(s) to be given: ______________________________

____

Dates(s) to be given [at child care]: ______________________________

____

____

____

Time(s) to be given: ______________________________

____

____

____

Name, address and phone number for child care centre or home setting

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Special instructions: ______________________________

____

Storage: ______________________________

____

Start date: ____________________ End date: ____________________

My child received ______ [number] doses at home.

Are there any possible side effects from the medication? Please specify: ______________________________

____

____

____

Stop medication if the following reaction(s) is observed: ______________________________

____

II: To be completed by child care practitioner when the medication is given

Date	Time(s)	Amount	Given by (initials)

Comments: ______________________________

____

Name, address and phone number for child care centre or home setting

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Canadian
Paediatric
Society

10 steps for giving medication correctly

1. Check the *Medication consent form and record sheet* to confirm that medication is required.
2. Have everything you need to give the medication (e.g., the measuring container, a drink the child might have afterward, tissues) ready beforehand.
3. Wash your hands.
4. Remove the medication from its storage space and read the label. The label should always specify:
    - the child's name,
    - the name of the medication,
    - dosage information,
    - the prescription date (if applicable) and an expiry date, and
    - directions for use (e.g., to shake it well, not to mix it with certain foods or fluids, or not to administer it within a certain time before or after a meal). Follow all instructions.
5. Reconfirm the "**Five Rights**", checking once more against information on the *Medication consent form and record sheet*. Then, measure the medication accurately, using a proper measuring spoon, syringe, dropper or cup. Don't use household teaspoons, which vary in size. Don't use the dropper that comes with bottled medications to administer a dose directly into a child's mouth. It can be contaminated and become an infection risk if the medication is shared (e.g., acetaminophen). Measure the dosage with the dropper into a spoon, and give it to the child that way.
6. Give the medication to the child.
7. Check the label once again and put the medication safely away, out of the reach of children.
8. Record the date, time and dosage with your initials on the *Medication consent form and record sheet*.
9. Wash the measuring spoon or dropper in warm soapy water and rinse well before allowing the spoon to air dry or returning the dropper to the bottle.
10. Wash your hands.

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SECTION 14

REGULATIONS 46 TO 50

IMMUNIZATION, ILLNESS AND COMMUNICABLE DISEASE

Section 14

Regulations 46 to 50

IMMUNIZATION, ILLNESS AND COMMUNICABLE DISEASE

This section looks at regulations designed to prevent illnesses and diseases, and to prevent the spread of illnesses and diseases if they do occur. It describes procedures for:

- shots and TB screening for staff in centres and for family day home operators
- dealing with illness in an adult or child
- dealing with a suspected communicable disease in an adult or child
- the role and authority of public health in preventing and managing disease outbreaks

REGULATION 46(1) (2) AND (3)

Proof of Immunization and TB Screening Before Staff Start Work in a Centre

46(1)

Each staff person of a centre day care facility must undergo:

(a) an immunization program in accordance with the *NWT Immunization Schedule*, September 2010, published by the Department of Health and Social Services, as revised from time to time; and

(b) tuberculosis screening.

46(2)

An operator of a centre day care facility shall:

(a) require each staff person to provide the operator with;

  (i) a copy of the staff person's immunization record showing proof of compliance with the immunization program required under subsection (1); and

  (ii) evidence of tuberculosis screening; and

(b) retain on file a copy of the immunization record and evidence of tuberculosis screening of each staff person.

46(3)

An operator of a centre day care facility shall ensure that the information required under subsection (2) is provided by the staff person before he or she begins working at the facility.

Why

- ◆ To ensure that staff in centres are protected from certain diseases.
- ◆ To ensure that staff in centres don't spread certain diseases to the children in their care.

What it means

- ☞ This regulation applies only to operators of centres. (Family day home operators, see Regulation 47.)
- ☞ All staff must have immunizations (shots) in accordance with the *NWT Immunization Schedule*.
- ☞ All staff must have a tuberculosis (TB) screening test.
- ☞ All staff must give the operator a copy of their immunization record showing they have the required shots, and provide proof of TB screening before they can start work at the centre.
- ☞ The operator must keep a current copy of each staff person's immunization record and TB screening in the staff person's file at the facility.

Related regulations

⇔ 59(1): The operator must have job descriptions for all staff. The job descriptions should include minimum qualifications and requirements, including the requirement for shots and TB screening.

⇔ 76: The operator must have a file for each staff person in which they keep important information required by these regulations, including proof of immunization and TB screening.

How to...

- ✓ Make sure that the qualifications section of all job descriptions shows that immunizations and tuberculosis testing are required.
- ✓ Contact the local Public Health Unit or a doctor's office to find out which immunizations are needed, and how to obtain screening for TB.
- ✓ Make sure all potential staff give you a copy of their immunization record and proof of TB screening before they start work.
- ✓ Keep this information in the staff person's file.

Resources

Section Resources
NWT Hospitals, Health Centres, Clinics and Units R14-1

REGULATION 47

Immunization and TB Screening for a Family Day Home Operator

An operator of a family home day care facility shall undergo an immunization program and tuberculosis screening in accordance with subsection 46(1), and shall retain on file a copy of the immunization record and evidence of tuberculosis screening.

Why

- To ensure that family day home operators are protected from certain diseases.
- To ensure that family day home operators don't spread certain diseases to the children in their care.

What it means

- This regulation applies only to operators of family day homes. (Centre operators, see Regulation 46.)
- The operator must have immunizations (shots) in accordance with the *NWT Immunization Schedule*.
- The operator must have a tuberculosis (TB) screening test.
- The operator must keep a current copy of the immunization record and TB screening on file at the family day home.

Related regulations

⇔ 77: The operator must have a file in which they keep important information required by these regulations, including proof of immunization and TB screening.

How to...

- ✓ Contact the local Public Health Unit or a doctor's office to find out which immunizations (shots) are needed, and how to obtain screening for TB.
- ✓ Get the shots and TB screening.
- ✓ Keep a copy of the immunization and TB screening records on file.

Resources

Section Resources
NWT Hospitals, Health Centres,
Clinics and Units R14-1

REGULATION 48(1)

Illness of Staff or Volunteer

An operator shall ensure, to the best of his or her ability, that no staff person or volunteer works at a child day care facility at any time while his or her health may affect the quality of child care that he or she provides or the health of children attending the facility.

Why

- To ensure that staff and volunteers are healthy.
- To ensure quality care for children.
- To protect children's health.

What it means

- If the operator of a family day home or a staff person at a centre is sick, or has any health problem that could affect children's health or care, they should NOT work at the facility.
- If a volunteer is sick, or has any health problem that could affect children's health or care, they should NOT volunteer at the facility.
- The onus is on the operator – even if a staff person or volunteer reports to work, if the operator believes the staff person or volunteer is sick or has any health problems that could affect children's health or care, the operator must prevent the person from working or volunteering in the facility.

Related regulations

- ⇔ 48(2): The operator or a public health officer could insist that a staff person or volunteer have a medical examination and/or tests.
- ⇔ 48(3): If the operator suspects that a staff person or volunteer has a communicable disease, the operator must follow the procedures in Regulation 48(3), not 48(1).

How to...

- ✓ Remind staff and volunteers that children's care and health should be their primary concern – they should not be in the facility if they are sick or have any health problem that could affect the care and health of children.
- ✓ Illnesses of most concern include chest infections or stomach/intestine infections with diarrhea or vomiting. When in doubt, ask the staff member or volunteer to get a note from their health care provider saying that the person does not have any health condition that could negatively affect the health and/or care of children.
- ✓ Ask staff to give you as much notice as possible if they will not be reporting to work for health reasons.
- ✓ Send staff and volunteers home if they are sick or have any health problem that could affect the care and health of children.
- ✓ Wash and sanitize any equipment, bedding, dishes, bathroom facilities or other materials that the staff member or volunteer had contact with, before anyone else uses or touches them.
- ✓ If you think a staff person or volunteer has a communicable disease, follow the procedures in Regulation 48(3).
- ✓ Have a backup plan if staff are sick so that you have enough staff to meet the supervision requirements of Regulations 70, 71(1), 73 and 74. For example, have a list of "subs" that you can call. Be clear about what you expect a sub to do, as well as what they should not do. Orient them to the facility, program and emergency procedures.

Resources

Section Resources
NWT Hospitals, Health Centres,
Clinics and Units R14-1

REGULATION 48(2)

Medical Exam and Tests for Staff or Volunteer

A public health officer or an operator may require a staff person or volunteer to undergo a medical examination and any testing recommended by a health care professional if there is reason to believe that the person's health may affect the quality of child care that he or she provides or the health of children attending a child day care facility.

Why

- To protect children's health.
- To ensure quality care for children.

What it means

- The operator or a public health officer could ask a staff person or volunteer to have a medical exam and/or tests, as recommended by a doctor or nurse.
- The operator or public health officer would do this if they have reason to believe that the person's health could affect the care that they provide, or the health of children.
- The staff person or volunteer must get the medical exam and tests before they are allowed to return to the facility.

Related regulations

⇔ 48(3): If the operator suspects that a staff person or volunteer has a communicable disease, there are several procedures that the operator must follow.

How to...

- ✓ Remind staff and volunteers that children's care and health is your primary concern – if you, or a public health officer ask a staff person or volunteer to have a medical examination and/or tests it's because you are concerned about the children.
- ✓ If a staff person refuses or does not get the requested medical exam or test, ask the public health officer to prevent the staff person from returning to the facility, and hire another staff person to replace them.
- ✓ If a volunteer refuses or does not get the requested medical exam or test, do not allow the person to volunteer at the facility until a public health officer gives the OK.

Resources

Section Resources
NWT Hospitals, Health Centres,
Clinics and Units R14-1

REGULATION 48(3)

Staff or Volunteer Who May Have a Communicable Disease

If an operator has reason to believe that a staff person or volunteer who works at a child day care facility may be infected with a communicable disease, the operator shall:

(a) as soon as possible, ensure the staff person or volunteer is isolated from contact with children attending the facility and other staff persons and volunteers;

(b) as soon as possible, notify the Chief Public Health Officer or a public health officer;

(c) if the person who may be infected is a staff person, require him or her to consult with a health care professional;

(d) if the person who may be infected is a volunteer, prohibit the person from attending the facility until he or she has consulted with a health care professional; and

(e) prohibit the staff person or volunteer from attending the facility during any period of time established by the Chief Public Health Officer, a public health officer or a health care professional.

Why

- The outbreak of a communicable disease is very serious. Anyone suspected of having a communicable disease needs to be isolated from all other persons as quickly as possible to contain the potential spread of the disease.
- The Chief Public Health Officer needs information on suspected cases of a disease in order to prevent and/or manage a disease outbreak.

What it means

- A communicable disease is any disease or condition that is spread by interaction with other people. This includes colds, lice, impetigo, diarrhea and pinkeye. Some, more serious, communicable diseases can be prevented by immunization including diphtheria, flu, measles, rubella (german measles), chickenpox and mumps.
- If the operator has reason to believe that any staff person or volunteer may have a communicable disease the operator must:
  - as soon as possible, make sure that the person has no further contact with children, staff or volunteers,
  - notify the Chief Public Health Officer, or a public health officer as soon as possible,
  - not let the person return to the child care facility until they have seen a health care professional and until the Chief Public Health Officer, or other public health officer or health professional gives the OK.

Related regulations

⇔ 13(1)(d) and 13(2): The operator must write a Serious Occurrence Report when anyone with a communicable disease is present at the facility. The operator must provide a copy of the report to the Director by the next business day.

⇔ 50(1): If a child is suspected of having a communicable disease, the operator must follow certain procedures.

How to...

✓ Make sure staff and volunteers understand the procedures outlined in the shaded box.

✓ Ask staff and volunteers to inform you if they have reason to believe that a staff member or volunteer has a communicable disease, and then follow the procedures in the shaded box. Immediately isolate the person from children, other staff and volunteers.

✓ Don't worry about "being sure" or diagnosing a disease yourself. That's the role of the public health officer. Your job is to report any suspected disease and let the public health officer take it from there.

✓ Cooperate with and take direction from the Chief Public Health Officer, other public health officer or health care professional.

✓ Wash and sanitize any equipment, bedding, dishes, bathroom facilities or other materials that the staff member or volunteer had contact with, before anyone else uses or touches them.

✓ If the suspected disease in question can be prevented by immunization, check the immunization records of all children to determine which ones are at risk because they do not have certain immunizations. Then:

- notify parents of children who have not been immunized that a staff member or volunteer may have a communicable disease, and
- advise them that the Chief Public Health Officer has been notified of the possible disease and will take whatever action is needed to keep all children safe. This could include preventing a child who has not been immunized from attending the child care facility until it is safe to return.

✓ Ask Public Health for information and support to effectively manage a possible communicable disease.

✓ If a communicable disease is confirmed, complete a Serious Occurrence Report and fax it to the Regional Consultant by the next business day.

Resources

📖 Local health centre or public health unit –
Check dates for annual Flu Shot Clinics

📖 *Communicable Disease Manual*, 2007
www.hss.gov.nt.ca
> Publications
> HSS Professionals

📖 Section Resources
NWT Hospitals, Health Centres,
Clinics and Units R14-1
Serious Occurrence Report Form R14-3

REGULATION 49

Illness of a Child

When a child attending a child day care facility is ill, the operator shall:

(a) notify the child's parent and request that the child be picked up as soon as possible;

(b) provide supervised care of the child in an area separate from other children until the child's parent, or a person authorized by the parent picks the child up; and

(c) ensure that the child receives any medical assistance required before the child is picked up.

Why

- To ensure that sick children receive the medical assistance they need.
- To protect other children from also getting sick.

What it means

If a child is sick the operator must:

- isolate the child from other children – make sure the child is supervised,
- notify the parent and ask that the child be picked up as soon as possible,
- provide medical assistance, if necessary, until the child is picked up.

Related regulations

50(1): If the operator suspects that the illness may be because of a communicable disease the operator must follow the requirements of Regulation 50(1), not 49.

How to...

- ✓ Call the parent, or if the parent cannot be reached, the alternate emergency contact identified on the child's application for enrolment (Regulation 11(2)(c)).
- ✓ Follow the other procedures in the shaded box.
- ✓ Include the procedures for dealing with a sick child in the parent information handbook.
- ✓ Wash and sanitize any equipment, bedding, dishes, bathroom facilities or other materials used by an ill child before anyone else uses or touches them.
- ✓ Centre operators, make sure staff are familiar with the procedures for dealing with a sick child.

Resources

Caring for Kids
www.caringforkids.cps.ca
> When Your Child is Sick
  > Choose from a list of specific illnesses and infections
  > Choose from a list of treatments and procedures

REGULATION 50(1)

Child Who May Have a Communicable Disease

If an operator has reason to believe that a child attending the child day care facility may be infected with a communicable disease, the operator shall, as soon as possible:

(a) notify the child's parent and request that the child be picked up immediately;

(b) provide supervised care of the child in an area separate from other children until the child's parent, or a person authorized by the parent, picks the child up; and

(c) notify the Chief Public Health Officer or a public health officer.

Why

◆ The outbreak of a communicable disease is very serious. Anyone suspected of having a communicable disease needs to be isolated from all other persons as quickly as possible to contain the potential spread of the disease.

◆ The Chief Public Health Officer needs information on suspected cases of a disease in order to prevent and/or manage a disease outbreak.

What it means

☞ A communicable disease is any disease or condition that is spread by interaction with other people. This includes colds, lice, impetigo, diarrhea and pinkeye. Some, more serious, communicable diseases can be prevented by immunization including diphtheria, flu, measles, rubella (german measles), chickenpox and mumps.

☞ If the operator suspects that a child may have a communicable disease the operator must:

- isolate the child from other children,
- call the parent, guardian or authorized person to pick the child up immediately,
- provide supervised care while waiting for the child to be picked up,
- notify the Chief Public Health Officer, or another public health officer.

Related regulations

⇔ 13(1)(d), 13(2) and 11(4)(f): The operator must complete a Serious Occurrence Report when anyone with a communicable disease is present at the facility. The operator must provide a copy of the report to the Director by the next business day and place a copy in the child's file.

⇔ 48(3): If a staff member or volunteer is suspected of having a communicable disease the operator must follow certain procedures.

⇔ 50(2): The Chief Public Health Officer or another public health officer can prohibit a child from attending a child care facility for any period of time that they feel is required.

How to...

- ✓ Make sure staff and volunteers understand the procedures outlined in the shaded box.
- ✓ Include the procedures for dealing with a possible communicable disease in the parent information handbook.
- ✓ Ask staff and volunteers to inform you if a child is sick, and then follow the procedures in the shaded box. Isolate the child from other children and make sure the child is supervised until the parent can pick up the child.
- ✓ If the parent cannot be reached, call the alternate emergency contact identified on the child's application for enrolment (Regulation 11(2)(c)).
- ✓ Don't worry about "being sure" or diagnosing a disease yourself. That's the role of the public health officer. Your job is to report any suspected disease and let the public health officer take it from there.
- ✓ Cooperate with and take direction from the Chief Public Health Officer or other public health officer.
- ✓ Wash and sanitize any equipment, bedding, dishes, bathroom facilities or other materials that the child had contact with, before anyone else uses or touches them.
- ✓ If the suspected disease in question can be prevented by immunization, check the immunization records of all children to determine which ones are at risk because they do not have certain immunizations. Then:
    - notify parents of children who have not been immunized that another child – do not name the child – may have a communicable disease, and
    - advise them that the Chief Public Health Officer or other public health officer has been notified of the possible disease and will take whatever action is needed to keep all children safe. This could include preventing a child who has not been immunized from attending the child care facility until it is safe to return.
- ✓ Ask Public Health for information and support to effectively manage a possible communicable disease at the child care facility.
- ✓ If a communicable disease is confirmed, complete a Serious Occurrence Report, fax it to the Regional Consultant by the next business day, and place a copy of the report in the child's file.

Resources

- Local health centre or public health unit – Check dates for annual Flu Shot Clinics
- *Communicable Disease Manual*, 2007
  www.hss.gov.nt.ca
  > Publications
  > HSS Professionals
- Section Resources
  NWT Hospitals, Health Centres, Clinics and Units R14-1
  Serious Occurrence Report Form R14-3

REGULATION 50(2)

Child Not Permitted to Attend

An operator shall not permit a child with a communicable disease to attend the child day care facility during any period of time established by the Chief Public Health Officer or a public health officer.

Why

◆ To recognize the authority and role of the Chief Public Health Officer or other public health officers in protecting the health of people in the NWT.

What it means

☞ The Chief Public Health Officer or another public health officer will decide if a child will not be allowed to attend the child care facility, as well as for how long.

☞ The operator must not allow the child to return to the facility until the Chief Public Health Officer or another public health officer gives the OK.

How to...

✓ Before allowing a child to return to the facility, ask the parent for a note from the Chief Public Health Officer or another public health officer saying that it is safe for the child to return.

REGULATION 50(3)

Consent to Attend a Family Day Home

Notwithstanding subsection (2) an operator of a family home day care facility, in consultation with a public health officer, may permit a child with a communicable disease to attend the facility if the parents of all children attending the facility consent.

Why

◆ To set out the conditions under which a child with a communicable disease may attend a family day home.

What it means

☞ This regulation applies only to operators of family day homes.

☞ The operator may allow a child with a communicable disease to attend the family day home:

- IF a public health officer gives permission,
- AND IF the parents of ALL other children agree.

How to...

✓ Ask the public health officer to explain to parents the reasons for permitting a child with a communicable disease to attend the family day home.

✓ Ask the public health officer what additional precautions you need to take to protect both the child with the communicable disease, and the other children in the family day home.

✓ Explain these precautions to parents.

✓ Get written consent from all parents to indicate that they agree to the presence of a child with a communicable disease at the family day home.

✓ If even one parent does not give written consent, do not allow the child with the communicable disease to attend until the Chief Public Health Officer or other public health officer decides that the child no longer has a communicable disease.

Published on *Health and Social Services* (http://www.hss.gov.nt.ca)

Home > Health > Feeling Sick? > NWT Hospitals, Health Centres, Clinics and Units

NWT Hospitals, Health Centres, Clinics and Units

Community	**Phone**	**Fax**
Aklavik	(867) 978-2516	(867) 978-2160
Behchoko (Rae-Edzo)	(867) 392-6075	(867) 392-6612
Colville Lake	(867) 709-2409	(867) 709-2504
Deline	(867) 589-3111	(867) 589-3406
Fort Good Hope	(867) 598-2211	(867) 598-2605
Fort Liard	(867) 770-4301	(867) 770-3235
Fort McPherson	(867) 952-2586	(867) 952-2620
Fort Providence	(867) 699-4311	(867) 699-3811
Fort Resolution	(867) 394-4511	(867) 394-3117
Fort Simpson	(867) 695-7000	(867) 695-7017
Fort Smith Medical Clinic Health Centre (Public Health)	(867) 872-6205 (867) 872-6203	(867) 872-6260 (867) 872-6260
Gameti	(867) 997-3141	(867) 997-3045
Hay River Hay River Health Centre Public Health Unit South Slave Medical Clinic	(867) 874-7100 (867) 874-7201 (867) 874-7190	(867) 874-7118 (867) 874-7211 (867) 874-7189
Inuvik:		
Arctic Family Medical House	(867) 777-7200	(867) 777-2498
Inuvik Regional Hospital	(867) 777-8000	(867) 777-8054
Public Health Unit	(867) 777-7246	(867) 777-3255

Jean Marie River	(867) 809-2900	(867) 809-2902
Lutselk'e	(867) 370-3111	(867) 370-3022
Nahanni Butte	(867) 602-2203	(867) 602-2021
Norman Wells	(867) 587-2250	(867) 587-2934
Paulatuk	(867) 580-3231	(867) 580-3300
Sachs Harbour	(867) 690-4181	(867) 690-3802
Trout Lake	(867) 206-2838	(867) 206-2024
Tsiigehtchic	(867) 953-3361	(867) 953-3408
Tuktoyaktuk	(867) 977-2321	(867) 977-2535
Tulita	(867) 588-4251	(867) 588-3000
Ulukhaktok	(867) 396-3111	(867) 396-3221
Whatì	(867) 573-3261	(867) 573-3701
Wrigley	(867) 581-3441	(867) 581-3200
Yellowknife:		
Audiology Clinic	(867) 669-3130	(867) 669-4128
Eye Clinic	(867) 873-3577	(867) 920-7992
Frame Lake Community Health Clinic	(867) 873-3512	(867) 920-2210
Public Health Unit	(867) 920-6570	(867) 873-0158
Stanton Medical Centre	(867) 669-3100	(867) 920-4271
Stanton Medical Clinic (in the Hospital)	(867) 669-4122	(867) 669-4139
Stanton Territorial Hospital	(867) 669-4111	(867) 669-4128
Yellowknife Primary Care Centre	(867) 920-7777	(867) 920-7711

Source URL: http://www.hss.gov.nt.ca/health/feeling-sick/nwt-hospitals-health-centres-clinics-and-units

Northwest Territories

Early Childhood Program
SERIOUS OCCURRENCE REPORT

This personal information is being collected under the authority of the *Child Day Care Act* and the *Child Day Care Standards Regulations* and is used to monitor the safety of children in the facility. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Director of Child Day Care Services, Department of Education, Culture and Employment @ 867-920-3491.

Fax completed white form to your Regional Early Childhood Consultant.

	South Slave	North Slave (including Yellowknife)	Dehcho	Inuvik	Sahtu
Phone	867-872-7434	867-766-5114 or 5107	867-695-7239	867-777-7436	867-587-7160
Fax	867-872-4507	867-873-0423	867-695-7351	867-777-7218	867-587-2612

Required by the *NWT Child Day Care Standards Regulations* to be submitted by the next business day.

Facility	Operator		Phone	Fax
Location of Occurrence	Date	Time	Email	
If the serious occurrence involved a child:	Name		Date of Birth (DD/MM/YY)	Age

Type of Occurrence

☐ Injury (child) ☐ Injury (staff, volunteer, parent) ☐ Serious Illness (child) ☐ Communicable Disease (any person at the facility) ☐ Staff Member Fired

☐ Other emergency affecting the facility or daily program (eg. intruder, weapons, fire, chemical spill, missing child). Specify the emergency:

Details of Serious Occurrence

What, where and when it happened and actions taken by the operator or primary staff.
Be specific and include names of people who witnessed the serious occurence.

☐ Check if other pages are attached

Who has been notified?

☐ Parent or Emergency Contact ☐ Health Care Provider ☐ Child Protection Worker ☐ Police ☐ Environmental Health Officer ☐ Regional Early Childhood Consultant (by phone)

☐ Other (specify):

Injury Report (If applicable)

☐ Injured person taken to health centre or emergency (specify):

☐ Injured child released to (specify):

Injured person's condition: ☐ Care at Home ☐ Admitted to Hospital ☐ Medivaced to: ☐ Other:

Further action/follow up needed for this occurrence:

Reported By

Signature X	Name	Position	Date (DD/MM/YY)	Time

NWT8010/2012

White: Facility **Blue:** Child's File, if applicable

Serious occurrences must be reported to the Director of Child Day Care Services in accordance with *Child Day Care Standards (2013)* Regulation 13, and if the serious occurrence involved a specific child or children, a copy of the Serious Occurrence Report must be kept in the child's (children's) file(s) in accordance with Regulation 11(4)(f).

13(1)

An operator shall, in accordance with any guidelines established by the Director, complete a written report on the following occurrences:

- (a) any accident causing injury:
  - (i) at the child day care facility during the hours of operation of the facility;
  - (ii) at any other location used in the delivery of the daily program while the location is being used for that purpose;
- (b) any serious incident:
  - (i) at the child day care facility;
  - (ii) at any other location used in the delivery of the daily program;
- (c) any injury to a child, or any onset of serious illness in a child, during the hours of his or her attendance at the child day care facility or any other location as part of the daily program;
- (d) the presence at the child day care facility of any person who has a communicable disease.

13(2)

An operator shall provide a copy of the report to the Director no later than the next business day after the identification of an occurrence referred to in subsection (1).

11(4)

An operator shall maintain a file for each child...that includes the following:

- (f) any reports referred to in section 13*

*if the report involves a specific child or children

Fax the Serious Occurrence Report to the Regional Early Childhood Consultant in your region. The Regional Consultant will inform the Director of the report.

If the serious occurrence is a case of suspected child abuse do not complete a serious occurrence report. Child abuse must be reported to a Child Protection Worker or RCMP as required by Regulation 10(2) and the *Child and Family Services Act*.

SECTION 15

REGULATION 51

TRANSPORTATION OF CHILDREN IN VEHICLES

15. Transportation of Children in Vehicles

Section 15

Regulation 51

TRANSPORTATION OF CHILDREN IN VEHICLES

This regulation explains the policy and procedures that operators must have concerning transportation of children in vehicles.

REGULATION 51(1)

Motor Vehicles and ATVs

In this section, "vehicle" includes:
(a) a motor vehicle as defined in section 1 of the *Motor Vehicles Act*; and
(b) an all-terrain vehicle as defined in section 1 of the *All-terrain Vehicles Act*.

Why

◆

To define the types of vehicles covered by this regulation:

- motor vehicles such as cars, vans, busses and trucks, and
- ATVs such as snow machines, trikes and quads.

REGULATION 51(2)

Transportation Policy

An operator shall develop, post and circulate to the parents of children attending the child day care facility, and in the case of a centre day care facility, to each staff person, a transportation policy that includes the following information:

(a) the amount of liability coverage in respect of bodily injury or death in the motor vehicle liability policy carried on each vehicle regularly used by the operator for the transportation of children attending the facility;

(b) the safety requirements developed by the operator for the use of vehicles for the transportation of children attending the facility.

Why

- To ensure the safe transportation of children, staff and volunteers when travelling in vehicles.
- To protect the operator and staff through liability insurance.
- To ensure that parents and staff know:
  - how much liability insurance the vehicles have, and
  - the operator's safety procedures when transporting children in vehicles.

What it means

- The operator must have a written policy for transporting children in vehicles such as cars, vans and buses, snow machines and other ATVs.
- The policy must state how much liability insurance an operator has for any vehicles *regularly* used to transport children. This means:
  - if the operator owns vehicles or usually rents from the same bus company, for example, then the policy would need to include the amount of liability insurance on those vehicles, but
  - if the operator does not own any vehicles and relies on taxis, or perhaps various parent volunteers, to transport children on field trips, the operator would not be required to include the amount of liability insurance on those vehicles.
- The policy must the state the safety requirements that the operator has in place for the safe transportation of children, whether vehicles are regularly used or not.
- The operator must post the transportation policy and give it to parents.
- Operators of centres must also give the policy to each staff person.
- If the operator never transports children in vehicles, the operator still must have a written policy, saying that children will not be transported in vehicles while attending the facility.

Related regulations

⇔ 11(2)(l): The child's application for enrolment requires written permission from the parent for the child to be taken on excursions.

⇔ 11(2)(m): If the facility provides or arranges transportation in a vehicle for excursions, the application for enrolment requires written permission from the parent allowing the child to be transported in a vehicle.

How to...

- ✓ Make sure you have enough liability insurance on any vehicles regularly used to transport children, staff and volunteers. Ask your insurance company how much is enough.
- ✓ Consider how you will keep children safe when travelling in vehicles and include that information in the policy. For example:
  - child seats, booster seats or seat belts for each child depending on their weight,
  - helmets for each child if travelling on a snow machine, quad or in a sled/trailer,
  - parent and other volunteer drivers with a good driving record,
  - an extra adult, in addition to the driver, to monitor children,
  - sign saying "Caution: Children on Board",
  - communication system, such as cell phone or CB radio, to call for assistance in case of an emergency,
  - fire extinguisher,
  - first-aid kit,
  - emergency contact information,
  - seat belt cutter for emergency evacuation.

Resources

Well Beings: A Guide to Health in Child Care (3rd edition)
Chapter 6: Transportation Safety
Order from www.caringforkids.cps.ca
> Bookstore

REGULATION 51(3)

Safe Driving

> An operator shall comply with, and shall take measures to ensure that each staff person and volunteer complies with, the *Motor Vehicles Act* or the *All-terrain Vehicles Act*, as the case may be, while transporting children who attend the child day care facility.

Why

◆ To ensure the safe transportation of children when travelling in vehicles.

What it means

☞ The operator must comply with the *Motor Vehicles Act* and/or the *All-terrain Vehicles Act* while transporting children who attend the facility.

☞ The operator must take measures to make sure staff and volunteers comply with the *Motor Vehicles Act* and/or the *All-terrain Vehicles Act* while transporting children who attend the facility.

How to...

✓ Measures you can take to ensure that staff and volunteers drive according to the requirements of the *Motor Vehicles Act*:

- include safe driving as part of staff orientation and training,
- verify drivers' licences,
- verify insurance and registration,
- ask about a staff member's driving record. How long have they been driving? Have they been in any accidents while driving? Have they been charged with an offence under the *Motor Vehicles Act*? (A staff member's driving record could affect the operator's insurance rate if they are driving a vehicle owned by the operator.)

✓ Measures you can take to ensure that staff and volunteers drive according to the requirements of the *All-terrain Vehicles Act*:

- use mature, experienced drivers who know their vehicle and the area where they will be travelling,
- use only vehicles that are in safe operating condition, including breaks and lights,
- use only vehicles that meet the requirements of any local by-laws, such as registration,
- drive in single file,
- carry only the number of people a vehicle is designed and equipped for,
- have passengers get off/out when the vehicle is crossing a road.

✓ When in doubt, don't allow any staff member or volunteer to drive if you have concerns about the person's driving skills. It's better to have a disappointed or upset staff member or volunteer than an injured child.

Resources

Principles of Safe Driving

- Observe speed limits.
- Always wear your seat belt and make sure children are properly restrained in car seats, booster seats or seat belts.
- Make sure the method of securing the child matches child's size. (See Regulation 51(4).)
- Don't carry more passengers than you have seat belts or restraint systems for.
- Don't allow children to get out until it is safe for them to do so.
- Make sure the engine is off whenever you are parked or getting fuel.
- Make sure you are not under the influence of alcohol or any medication that could affect judgement and reaction time.
- Don't smoke.
- Avoid distractions such as using mobile phones or adjusting the radio.
- Stay focused and be alert to situations that require quick action.

Transport Canada
www.tc.gc.ca
> Road Transportation
> Road and Motor Vehicle Safety
> Safe Vehicles
> All-Terrain Vehicle Safety

REGULATION 51(4)

Seat Belts, Car Seats and Vehicles Without Seat Belts

> An operator shall provide information to the parent of each child attending the child day care facility in respect of whether the child, while being transported in a vehicle, will be secured in a child restraint system or a seat belt assembly, or if the child will be transported in a bus or other vehicle not equipped with a seat belt assembly.

Why

◆ To ensure that parents are aware of how children will be secured when travelling in vehicles.

What it means

☞ This regulation applies to operators who transport children in vehicles.

☞ The operator must tell the parent of each child how the child will be restrained while travelling a vehicle. Depending on the size of the child this means:

- rear facing infant seat, or
- forward facing child seat, or
- booster seat with seat belt, or
- seat belt, **OR**

☞ The operator must tell parents if children will be travelling in a bus or other vehicle that does not have seat belts.

How to...

✓ Make sure any restraint system is properly installed and used – i.e. according to the manufacturer's instructions.

✓ Provide, or ask the parent to provide, the child restraint system that matches the child's weight.

Resources

Well Beings: A Guide to Health in Child Care (3rd edition)
Chapter 6: Transportation Safety
Order from www.caringforkids.cps.ca
> Bookstore

Transport Canada
www.tc.gc.ca
> Road Transportation
> Road and Motor Vehicle Safety
> Safe Drivers and Passengers
> Child Safety
  > Car Seats, Seat Belts and Your Child
  > Child Restraint and Booster Cushion Notices

Section Resources
Car Seat Safety R15-1

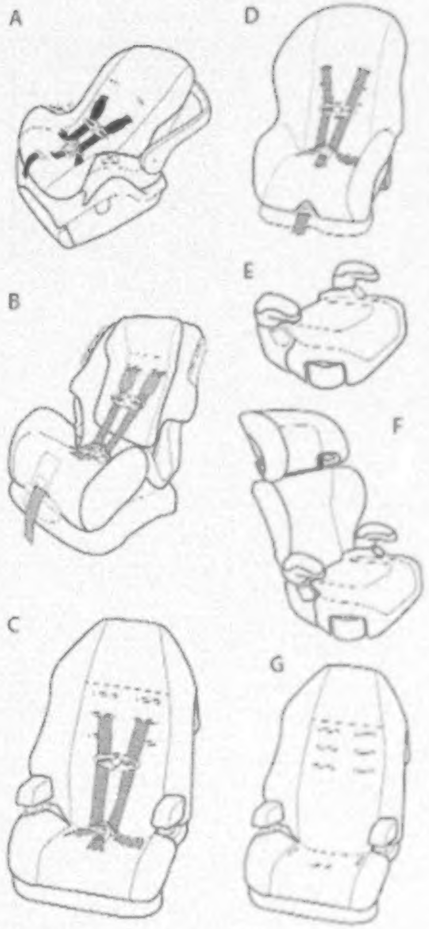
Canadian
Paediatric
Society
www.caringforkids.cps.ca

Car seat safety

Every year, more than 2500 children between the ages of 1 and 4 years are injured or killed in car collisions in Canada. Many injuries or deaths can be prevented with the right use of car seats and booster seats.

What type of car seat should I use?

- Infants should be in **rear-facing car seats** until they are **at least** 1 year of age and weigh 10 kg (22 lb). Rear-facing car seats should be used as long as your child meets the weight and height limits in the manufacturer's instructions, even if they are beyond 1 year of age. Don't rush to move them to the next stage. Even young toddlers are safer in the rear-facing position. Some rear-facing car seats can be used for children up to 20 kg (45 lb).
- Once your child has outgrown her rear-facing car seat and is at least 10 kg (22 lb) and older than 12 months, you can begin to use a **forward-facing car seat**. Use it until your child is at least 18 kg (40 lb). Forward-facing car seats with higher weight limits are now available (up to 30 kg [65 lb]) for larger toddlers and preschool-aged children.
- When your child is at least 18 kg (40 lb), he can move to a belt-positioning **booster seat and use the vehicle's lap-shoulder seat belt**.
- Don't use your car's regular **seat belt** until it fits your child correctly. This is usually when your child is approximately 36 kg (80 lb) in weight, and 145 cm (4 feet 9 inches) tall.
- All children younger than 13 years of age should ride in the **back seat** of the car.



A Infant seat with base **B** '3-in-1' convertible seat – infant/ child/booster seat **C** Infant/child/booster seat **D** Child/booster seat **E** Backless booster seat **F** High-back booster seat **G** Combination (child/booster) seat – belt-positioning booster seat mode.

Before using your car seat:

- Keep a copy of the manufacturer's instructions in your car and follow them carefully. As many as 80% to 90% of car seats are used incorrectly.
- Make sure the car seat is right for your child's weight and height.
- The best place for a car seat is in the middle of the back seat.
- When installed, the car seat should move no more than 2.5 cm (1 inch) forward or side to side.
- Check whether your local fire, police or public health department has a car seat clinic where you can make sure your car seats are properly installed.

How do I use an infant or rear-facing car seat?

- Your car may have the Universal Anchorage System (UAS or LATCH [lower anchors and tethers for children]) that can be used to secure your rear-facing car seat. It is now mandatory in all new models.

- Check your vehicle owner's manual for the seating positions that can be used with the UAS. Secure the car seat using the UAS or the vehicle seat belt, carefully following the vehicle manual and the car seat instructions.

- In some vehicles you need to use the vehicle's seat belt with a locking clip to securely install a rear-facing car seat.

- The seat should be positioned at a 45° angle. If you can't do this because of the slope of the vehicle's seat, use a firm roll of cloth (sheet or towel) or a 'pool noodle' under the seat.

To secure your baby:

- The harness straps must be snug and threaded at or just below your baby's shoulders.
- The chest clip should be at armpit level.
- If more than one finger fits between the shoulder harness and your baby's collarbone, the harness is too loose.
- The seat handle should be in the position recommended by the manufacturer.

If you use an infant carrier outside of the vehicle:

- Keep your child buckled in.
- Don't put the seat on a raised surface, such as a table, because it may fall.
- Don't leave your baby in a car seat to sleep.

How do I use a forward-facing car seat?

- Your car may have the Universal Anchorage System (UAS or LATCH [lower anchors and tethers for children]) to secure your forward-facing car seat. It is now mandatory in all new models.

- In some vehicles, you will need to use the vehicle's seat belt with a locking clip to securely install a forward-facing child seat.

- A top tether strap must be also used on all forward-facing child seats. A tether strap is attached to the top of the car seat and fastened to an anchor that is bolted to the vehicle. You will need one tether anchor for each forward-facing child seat used in the vehicle.

- If your vehicle doesn't have a tether anchor, ask your vehicle dealer to install one.

- Thread the seat belt or UAS strap through the child seat as shown in the seat's instructions.

- Use your knee to push down on the child seat while you tighten the seat belt or UAS strap.

- Attach the tether strap to hold the top of the child seat in place and tighten the strap.

To secure your toddler:

- The harness straps should be at or slightly above your child's shoulders.
- Only one finger should fit between the harness strap and your child's collarbone.
- The chest clip should be at armpit level.

How do I use a booster seat?

- While seated in the booster seat, and with the lap-shoulder belt on, the shoulder portion of the seat belt should be positioned over the middle of the collarbone so that it does not touch your child's neck.
- The lap belt should be over the hips (pelvic bones), away from the stomach.
- Your child should be able to bend her knees comfortably over the edge of the seat.
- Buckle the seat belt across the booster seat even when your child isn't with you. This will keep the seat in place during a collision or sudden stop.

Is it okay to buy a used car seat?

You shouldn't buy a used car seat because it may have been in a collision.

When should I replace my child seat?

- Many car seats now have expiry dates on them because of 'plastic fatigue' (parts get more brittle or break easily).
- Replace the seat when it has reached the expiry date. If there is no expiry date, replace the seat if it is 10 years old or if it shows any cracks or damage in the plastic.
- Never use a car seat that has been in a car crash, even a minor one.

Are there any other safety tips?

- Don't use any add-on features for car seats that are not provided by the manufacturer, such as a bunting bag, head-hugger, tray or comfort strap. These can affect the safety of the seat and can be dangerous in a collision.
- If it is cold, tuck a blanket over your child after he is secured. Don't put anything under or behind his body.
- Never leave your child alone in the car.
- Always ensure that the locking clip remains attached to the car seat when the UAS is used to secure the seat. This allows for the clip to be available if the seat needs to be secured into a vehicle that doesn't have the UAS.
- Fill out and mail the registration card that comes with your child's car seat. If there is a recall, the company will be able to contact you.

More information from the CPS:

- Transportation of infants and children in motor vehicles, a statement of the Canadian Paediatric Society.

Other resources:

- Safe Kids Canada: Car seat information
- Transport Canada: Safety in the car

Reviewed by the following CPS Committees:
Injury Prevention Committee

Last updated: January 2011

This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.

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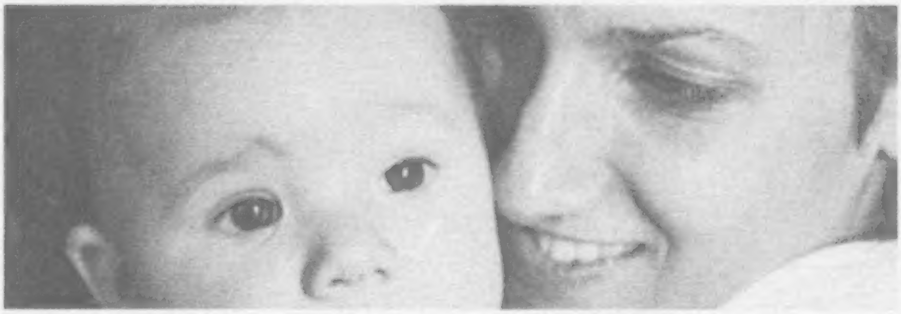
SECTION 16

REGULATIONS 52 TO 54

PROTECTING CHILDREN FROM HAZARDS



Section 16

Regulations 52 to 54

PROTECTING CHILDREN FROM HAZARDS

This section looks at things operators have to do to protect children from certain hazards:

- mechanical, electrical and wood stoves
- medical supplies and poisons, including toxic plants
- kitchen tools and cleaning supplies
- firearms and ammunition
- smoking

REGULATION 52(1)

Mechanical and Electrical Hazards and Wood Stoves

An operator shall ensure that children attending the child day care facility are protected from radiators, water pipes, water tanks, fuel tanks, electrical outlets and wood stoves.

Why

- To ensure that children are protected from mechanical and electrical hazards, and wood stoves.

What it means

☞ The operator must take deliberate steps to make sure children are not exposed to any of the hazards in the shaded box.

How to...

- ✓ If possible, lock rooms or areas of the facility, such as the room with the fuel or water tank, so that children cannot access them.
- ✓ Fence radiators, wood stoves and exposed water pipes.
- ✓ Put outlet caps in unused electrical outlets. Or install outlet covers that fit over the outlet like a standard outlet plate – when you unplug an appliance, a shield automatically slides into position to block the open outlet.
- ✓ Make sure children cannot access electrical outlets that are in use, for example a floor fan or light fixture. Purchase power bar safety covers to prevent children from being able to touch plugs and outlets.
- ✓ Tape any electrical cords to the floor to prevent children from tripping over them or picking them up.

Resources

Section Resources
Electrical, Heating and Cooling:
Household Safety Checklist R16-1

REGULATION 52(2)

Toxic Plants

An operator shall ensure that any toxic plants kept in a child day care facility are located in an area that is inaccessible to children.

Why

◆ To ensure that children are protected from toxic plants.

What it means

- Toxic plants means plants that are poisonous.
- Toxic plants should be removed from any areas that children can access.

Related regulations

⇔ 57(1): The operator must keep a list of various emergency contact numbers, including the number for a poison information centre.

How to...

✓ Make sure you know what plants you have both inside and outside the facility.

✓ Check the resources at the end of this section to see which plants are safe for children to be around – even some common house plants, vegetables, flowers and bushes are poisonous.

✓ Remove such plants from any areas that children can get to.

Resources

Section Resources

Acceptable Indoor and Outdoor Plants........R16-3
Toxic Plant List R16-6

REGULATION 52(3)

Storing Medical Supplies

An operator shall ensure that any medical supplies kept in a child day care facility are stored:

(a) in their original containers and in accordance with any directions on the packaging or directions from a pharmacist; and

(b) in a locked cabinet.

Why

◆ To ensure that children cannot access medical supplies – including medications.

What it means

☞ The operator must keep medical supplies in their original containers, and follow any directions on the label – such as "keep refrigerated".

☞ The operator must keep all medical supplies in a locked cabinet.

Related regulations

⇔ 57(1): The operator must keep a list of various emergency contact numbers, including the number for a poison information centre.

How to...

✓ Follow the procedures in the shaded box for all medical supplies.

✓ For medical supplies that need to be refrigerated keep a locked box, such as a fishing tackle box, in the refrigerator.

✓ Replace any medical supplies that have passed their expiry date. DO NOT throw them in the garbage or flush them down the toilet. Take them to a drug store or health centre for proper disposal.

✓ Make sure you know what products you have with a poison or other hazard symbol.

✓ Remember, children can be poisoned by taking the wrong medication, or taking too much medication.

Resources

Section Resources

Household Safety: Preventing Poisoning R16-7

REGULATION 52(4)

Storing Poisonous Products

An operator shall ensure that any poisonous substances and similar products kept in a child day care facility are stored:
(a) in their original containers and in accordance with any directions on the packaging; and
(b) in a locked cabinet or in a room that is inaccessible to children.

Why

◆ To ensure that children cannot access any poisonous products.

What it means

☞ The operator must keep poisonous products in a locked cabinet or a room that children cannot access.

☞ The operator must follow any directions on the label – such as "keep dry".

Related regulations

⇔ 57(1): The operator must keep a list of various emergency contact numbers, including the number for a poison information centre.

How to...

✓ Follow the procedures in the shaded box for all products with a poison symbol.

✓ Replace any products past their expiry date. DO NOT throw them in the garbage or flush them down the toilet. Take them to a hazardous waste disposal facility, or check with the EHO, for proper disposal.

Resources

📖 These are especially hazardous household items. Buy small quantities. Discard unneeded extras. Make sure they are **always** out of a child's reach:

- antifreeze
- windshield washer solutions
- drain cleaners
- toilet bowl cleaners
- insecticides
- artificial nail removers
- medicines
- topical anesthetics (i.e. products that may be used for sunburn pain)

Even these common household items can poison little children:

- detergents
- laundry pods
- dishwasher detergents
- bleach
- furniture polish
- perfume and aftershave
- miniature batteries
- flaking paint
- mouthwash
- gasoline
- kerosene and lamp oil
- paint and paint thinner
- mothballs
- alcoholic beverages
- cigarettes, tobacco products
- rat and mouse poison

📖 Section Resources

Household Safety: Preventing Poisoning	R16-7
Playing it Safe: Buying Products for the Child Care Centre	R16-11

REGULATION 52(5)

Storing Knives, Kitchen Tools and Cleaning Supplies

An operator shall ensure that knives, kitchen tools and cleaning supplies kept in a child day care facility, are stored in an area that is inaccessible to children.

Why

◆ To ensure that children cannot access knives and other kitchen tools.

◆ To ensure that children cannot access cleaning supplies.

What it means

☞ The operator must take deliberate steps to store knives, kitchen tools and cleaning supplies so that children cannot access them.

Related regulations

⇔ 57(1): The operator must keep a list of various emergency contact numbers, including the numbers for:

- a position information centre,
- the nearest nursing station or public health unit,
- the nearest hospital emergency room,
- an ambulance service for the area,
- a tax service for the area.

⇔ 55(2): The operator must have a properly equipped first aid kit.

How to...

✓ Make sure all kitchen drawers and doors have child-proof locks.

✓ Put away any knives, kitchen tools and cleaning supplies when they are not being used. Don't leave them on the counter.

✓ Keep all cleaning supplies in a locked room or cupboard.

✓ Teach children to ask before going into the kitchen.

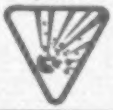
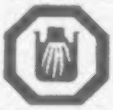
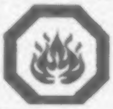
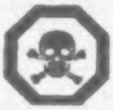
✓ If children are in the kitchen make sure they are directly supervised at all times.

✓ Know what cleaning supplies you have with hazard symbols.

✓ Teach children that when they see a container with a hazard symbol it means, "Stay away".

Resources

The hazard symbols

Symbol	The Danger	Product Examples
Explosive 	This **container** can explode if it's heated or punctured. Flying pieces of metal or plastic can cause serious injuries, especially to the eyes.	• oven cleaner in an aerosol container • spray paint in an aerosol container
Corrosive 	This **product** will burn skin or eyes on contact, or throat and stomach if swallowed.	• toilet bowl cleaner • oven cleaner • bleach
Flammable 	This **product**, or its fumes, will catch fire easily if it's near heat, flames or sparks.	• contact adhesives • gasoline • some furniture polish
Poison 	Licking, eating, drinking, or sometimes smelling, this **product** will cause illness or death.	• the wrong medication, or too much medication • See lists in Regulation 52(4), Resources

Section Resources
Household Safety: Preventing Poisoning R16-7
Playing it Safe: Buying Products
for the Child Care Centre.........................R16-11

REGULATION 53(1)

Conditions for Firearms in a Centre

REGULATION 53(2)(A)

Ammunition Not Allowed in a Centre

REGULATION 53(2)(B)

Firearms and Ammunition Not to be Stored in a Centre

53(1)

An operator of a centre day care facility shall not bring or permit a person to bring a firearm into the facility unless:

(a) the firearm is unloaded;

(b) the firearm is to be used for demonstration in an educational program for the children attending the facility; and

(c) the person who brings in the firearm complies with any legal requirements in respect of the firearm.

53(2)

An operator of a centre day care facility shall not:

(a) bring or permit a person to bring ammunition into the facility; or

(b) store firearms or ammunition, or permit firearms or ammunition to be stored, in the facility.

Why

◆ To protect children in child care centres from firearms.

What it means

☞ These regulations apply only to operators of centres. (Family day home operators, see Regulation 53(3).)

☞ There can be NO ammunition in a day care centre, ever.

☞ Firearms or ammunition cannot be stored in a day care centre, ever.

☞ A firearm is allowed in a day care centre only if:
- it is unloaded, and
- it is to be used for demonstration in the educational program of the facility, and
- the person who brings the firearm into the facility meets all legal requirements – for example they must have a Firearms Licence.

How to...

✓ If firearm safety is part of the educational program for children in the facility, make sure the person who brings the firearm into the centre:
- knows that it has to be unloaded, and
- knows that ammunition is not allowed as part of the demonstration or lesson, and
- meets the legal requirements for possession – i.e. has a Firearms Licence.

✓ If you're not sure if a person is appropriate, ask the RCMP for advice.

✓ Since ammunition is not allowed in a centre find other ways to teach children what it looks like – e.g. pictures, video.

REGULATION 53(3)

Conditions for Firearms and Ammunition in a Family Day Home

> An operator of a family home day care facility shall ensure that:
> (a) any firearms in the facility are kept unloaded in a locked cabinet;
> (b) any ammunition in the facility is kept in a locked cabinet, separate from any firearms; and
> (c) any legal requirements are complied with in respect of any firearms kept in the facility.

Why

♦ To protect children in family day homes from firearms and ammunition.

What it means

☞ This regulation applies only to operators of family day homes. (Centre operators see Regulations 53(1) and (2).)

☞ If there are any firearms in a family day home, the operator must make sure that they are kept unloaded in a locked cabinet.

☞ If there is any ammunition in a family day home, the operator must make sure that it is kept in a locked cabinet, but not the same one as the firearm(s).

☞ The operator must meet all legal requirements associated with firearms.

REGULATION 54(1)

No Smoking

An operator shall:

(a) comply with the *Tobacco Control Act*; and

(b) make his or her best efforts to ensure that any staff person or volunteer of the facility complies with the *Tobacco Control Act*.

Why

◆ To protect children, staff and volunteers from second hand smoke.

◆ To ensure that adults model healthy behaviour.

What it means

Centre operators

☞ No person is allowed to smoke or use any tobacco, including chewing tobacco, in any area of a child care centre at any time, including after hours.

☞ There is one exception for centres if they have a designated smoking room which:

- is structurally separate from other areas of the centre,
- is constructed so that smoke does not get into other areas of the centre. (*Tobacco Control Act* 8(2)(f), and *Tobacco Control Regulations* 7(1)(b) and 7(2)(a)-(d)),
- has a sign that says it is a designated smoking room that complies with the *Tobacco Control Regulations* (Regulation 7(2)(e)), and
- meets the approval of the EHO (*Tobacco Control Regulation* 10).

Family day home operators

☞ No person is allowed to smoke or use any tobacco, including chewing tobacco, in any area of a family day home when children who are being cared for by the operator are present.

Related regulations

Family day home operators

⇔ 54(2): The operator must notify parents if smoking is allowed in the home after hours.

⇔ 54(3): The operator cannot smoke while preparing food for the early childhood program – even after hours.

How to...

Centre operators

- ✓ Make sure that no one smokes or uses any tobacco products, including chewing tobacco, in the centre at any time, including after hours, unless there is a designated smoking room. This includes, parents and elders.
- ✓ If you set up a designated smoking room it must meet a number of requirements of the *Tobacco Control Regulations*, including approval by the EHO. (See What it means.)
- ✓ If staff or volunteers smoke:
  - provide a smoking area outside the facility that is at least three metres from any entrance or exit (required by the *Environmental Tobacco Smoke Worksite Regulations*), and
  - ensure that they wash their hands after smoking and before interacting with children or preparing food.

Family day home operators

- ✓ Make sure that no one smokes or uses any tobacco products, including chewing tobacco, in any area of a family day home when the children that you are caring for are present. This includes areas of the home that are not used for the early childhood program.
- ✓ If you smoke:
  - you must do so outside the home and ask your designated back-up person (Regulation 75(2)(b)) to supervise the children. You cannot just slip out for a smoke because that would leave the children unsupervised,
  - you cannot smoke outside the home while supervising children playing because the area where children are playing is part of the worksite,
  - make sure that you wash your hands after smoking and before interacting with children or handling food.

REGULATION 54(2)

Smoking in a Family Day Home After Hours

> An operator of a family home day care facility shall notify the parents of the children attending the facility if tobacco use is permitted in the facility during periods when day care is not being provided.

Why

◆ To inform parents if smoking is permitted in a family day home when the facility is not operating.

What it means

☞ This regulation applies only to operators of family day homes.

☞ The operator must notify parents if tobacco, including chewing tobacco, is permitted in the home after the hours that the family day home operates.

REGULATION 54(3)

No Smoking When Preparing Food in a Family Day Home

An operator of a family home day care facility shall not smoke while preparing food for use in the child day care program.

Why

◆ To prevent bacteria in the mouth from getting into food.

What it means

☞ This regulation applies only to operators of family day homes.

☞ Since no smoking is allowed in family day homes when the children are present, this regulation focuses on food preparation after hours.

☞ If the operator is preparing food for use in the program the next day, or at a later date, the operator must not smoke while preparing the food.

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Electrical, Heating & Cooling: Household Safety Checklist

Electrical

- Are all unused outlets covered with safety plugs?
- Are all major electrical appliances grounded?
- Have cord holders been used to keep longer cords fastened against walls?
- Have you checked for and removed other potential electrical fire hazards, such as overloaded electrical sockets and electrical wires running under carpets?
- Are televisions, computers, and stereo equipment positioned against walls?

Heating & Cooling Elements

- Are all radiators and baseboard heaters covered with childproof screens if necessary?
- Have gas fireplaces been secured with a valve cover or key?
- Do all working fireplaces have a screen and other barriers in place when in use?
- Have any chimneys been cleaned recently?
- Are all electric space heaters at least 3 feet (91 centimeters) from beds, curtains, or anything flammable?

Emergency Equipment & Numbers

- Have you placed a list of emergency phone numbers near each phone in your home?
- Are there fire extinguishers installed on every floor and in the kitchen?
- Do you have an emergency ladder for the upper floors of your home?

- Are there smoke detectors on each floor of your home?
- Have smoke detectors been installed in the hallways between all bedrooms of your home?
- Have you tested all smoke detectors within the last month?
- Have you changed the batteries in the smoke detectors within the past 6 months?
- If you cook with or heat your home with natural gas or have an attached garage, have you considered installing a carbon monoxide detector in your home?

Reviewed by: Kate M. Cronan, MD
Date reviewed: December 2009

Nemours.

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Children's Safety Association of Canada
A Canadian Non-Profit Association

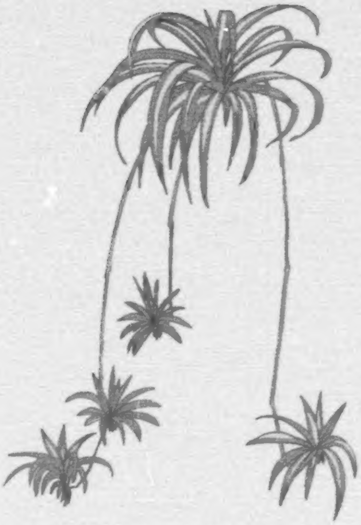
ACCEPTABLE INDOOR AND OUTDOOR PLANTS

The following plants pose a low risk of poisoning children and may be considered for use in the home:

INDOOR HOUSE PLANTS

African Violet (Saintpaulia ionantha)
Aluminum Plant (Pilea cadierei)
Baby's Tears (Helxine soleirolii)
Bead Plant (Nertera depressa)
Bird's Nest Fern (Asplenium nidus)
Boston Fern (Nephrolepis exaltata 'Bostoniensis')
Bowstring Hemp (Sansevieria hahnii)
Cabbage Tree (Cordyline australis)
Chinese Evergreen (Aglaonema modesta)
Christmas Cactus (Zygocactus truncata)
Coleus (Coleus spp.)
Corn Plant (Dracaena fragrans 'Massangeana')
Creeping Charlie (Pilea nummularia)
Croton (Codiaeum variegatum pictum)
Dracaena (Dracaena spp.)
Dragon Tree (Dracaena draco)
False Aralia (Dizygotheca elegantissima)
Fittonia
Flaming Sword (Vriesia splendens)
Fluffy Ruffles Fern (Nephrolepis exaltata f.r.)
Gold Dust (Dracaena godseffiana)
Hens and Chickens (Sempervivum tectorum)
Hens-and-Chickens (Echeveria spp.)
Hoya (Hoya spp.)

Jade Plant (Crassula argentea)
Lace Fern (Nephrolepis exaltata Whitmanii)
Lipstick Plant (Aeschynanthus lobbianus)
Miniature Orange (Citrus mitis)
Mother-in-Law's Tongue (Sansevieria trifasciata Laurenti)
Norfolk Island Pine (Araucaria heterophylla)
Palms
Peperomia (Peperomia spp.)
Piggy-back Plant (Tolmiea menziesii)
Ponytail, Elephant-Foot Tree (Beaucarnea recurvata)
Prayer Plant (Maranta leuconeura)
Purple Passion Vine (Gynura aurantiaca)
Rubber Plant (Ficus elastica)
Sensitive Plant (Mimosa pudica)
Snake Plant (Sansevieria zeylanica)
Spider Plant (Chlorophytum comosum)
Staghorn Fern (Platycerium spp.)
String of Beads (Senecio rowleyanus)
Swedish Ivy (Plectranthus australis)
Sword Fern (Nephrolepis exaltata)
Ti (Cordyline terminalis)
Tiger's Jaws (Faucaria tigrina)
Urn Plant (Aechmea fasciata)
Wandering Jew (Tradescantia spp.)
Wax Plant (Hoya carnosa)
Weeping Fig (Ficus benjamina)
Yucca
Zebra Plant (Aphelandra squarrosa)

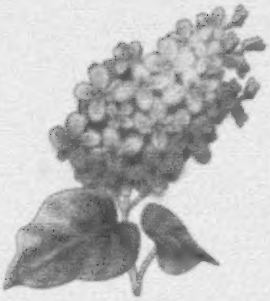


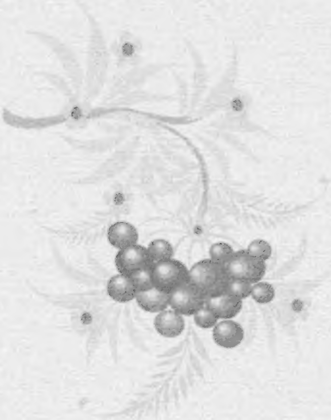
GARDEN PLANTS

Aster
Begonia (Begonia spp.)
Dahlia
Easter Lily (Lilium longiflorum)
Forget-me-not (Myosotis)
Fuchsia
Geranium (Pelargonium spp.)
Gloxinia (Sinningia speciosa)
Hibiscus
Hollyhock (Alcea rosea)
Impatiens
Petunia
Phlox
Rose
Snapdragon (Antirrhinum majus)
Tiger Lily (Lilium lancifolium)

OUTDOOR PLANTS

Caragana
Hawthorne (Crataegus spp.)
Honeysuckle (Lonicera spp.)
Lilac (Syringa vulgaris)
Mock Orange (Philadephus spp.)
Mountain Ash (Sorbus aucuparia)
Snowball Tree (Viburnum opulus)
Spiraea





RESOURCE SHEET

Canadian Child Care Federation

#29

Toxic Plant List

The amount of poison in a plant tends to vary with the location, age of the plant, season and weather conditions. In some plants, the toxin is confined only to certain parts. The following plants may cause toxic symptoms when ingested or dermatitis when handled. In addition to toxic plants, be aware that plants treated with pesticides, insecticides or herbicides are toxic.

House Plants

- Asparagus Fern (asparagus plumosus) (sprengeri)
- Avocado (persea americana)
- Blue Gum (eucalyptus globulus)
- Buddist Pine (poddocarpus Macrophyllus)
- Cacti:
    - Bunny Ears (opuntia microdasy's alkispina)
    - Column (cereus peruvianus)
    - Rat's Tail (aporocactus flagelliformis)
    - Sunset (lokwia famatimensis)
- Caladium (Angel's Wings)
- Century Plant
- Crown of Thorns (euphorbia milii splendens)
- Cyclamen
- Dieffenbachia
- Holly (ilex)
- Ivy:
    - Cape (tenecio macroglossus)
    - English (hedera helix)
    - German (senecio mikanioides)
    - Glacier (hedera helix glacier)
    - Gloire de Marengo (hedera canariensis)
    - Needlepoint (hedera helix sagittlae folica)
- Jerusalem Cherry (solanum pseudocapsicum)
- Mistletoe (phoradendron flavescens)
- Philodendron:
    - Arrowhead (syngonium podophyllum)
    - Black Gold (ph. melanochryson)
    - Devil's Ivy (Pothos) (scindapsus aureus)
    - Elephant's Ear (philodendron hastatum)
    - Fiddle Leaf (ph. pandurae forme)
    - Green Gold (syngonium podophyllum)
    - Marble Queen (scindapsus aureus)
    - Ornamental Pepper (capsicum annuum)
    - Silver Vine (scindapsus pictus)
    - Split Leaf (monstera delicosa)
    - Sweetheart Vine (philodendron scandens)
- Red (hemigraphis colorata)
- Umbrella Plant (cyperus)

In the Garden

- Azalea (azalea indica)
- Bleeding Heart (dicentra formosa)
- Calla Lily (zantedeschia aethiopica)
- Carnation (dianthus caryophyllus)
- Castor-oil plant (ricinus communis)
- Chinese or Japanese Lantern (physalis)
- Chrysanthemum
- Clematis
- Crocus (colchicum autumnale)
- Daffodil (narcissus)
- Delphineum
- Foxglove (digitalis purpurea)
- Gladiola (bulb)
- Hyacinthe (hyacinthus orientalis)
- Iris
- Jonquil (narcissus)
- Lily of the Valley (convallaria)
- Morning Glory (ipomaea tricolour)
- Narcissus
- Oleander (nerium oleander)
- Pansy (seeds) (viola tricolour)
- Peony (root) (paeonia officinalis)
- Primrose (primula)
- Sweet Pea (lathyrus odoratus)
- Sweet William (dianthus barbatus)

Vegetables

- Potato (green patches on tubers & above ground part)
- Rhubarb leaves
- Tomato greens

Hedges & Bushes

- Black Locust (robinia pseudoacacia)
- Buckthorn (rhamnus cathartica)
- Cherry Laurel (laurocerasus officinalis)
- Daphne (daphne mezereum)
- Elderberry (not berries)
- Horse Chestnut (aesculus hippocastanum)
- Hydrangea
- Laburnum (laburnum anagyroides)
- Privet (ligustrum vulgare)
- Virginia Creeper (ampelopis brevipedunculata)

Wild Mushrooms

All unidentified wild mushrooms should be considered toxic until identified by a mycologist.

Avoiding Plant Poisoning

1. Become familiar with the dangerous plants in your area, yard and home. Know them by sight and by name.
2. Do not eat wild plants and mushrooms.
3. Keep plants, seeds, fruits and bulbs away from children.
4. Teach children at an early age to keep unknown plants and plant parts out of their mouths. Make them aware of the potential danger of poisonous plants.
5. Teach children to recognize poison ivy.
6. Know the plants used as skewers for meat or marshmallows.
7. Do not allow children to suck nectar from flowers or to make "tea" from leaves.
8. Know the plant before eating its fruits or berries.
9. Do not rely on pets, birds or squirrels to indicate non-poisonous plants.
10. Avoid smoke from burning plants.
11. Know that heating and cooking do not always destroy toxic substances.
12. Label and store bulbs and seeds safely away from children and pets.
13. Do not make homemade medicines from native or cultivated plants.
14. There are no safe "tests" to distinguish edible from poisonous plants.
15. Avoid using pesticides, herbicides and insecticides.

First Aid

- Call the local poison control centre, hospital emergency or a physician.
- [If you are a caregiver] call the child's parents.
- If the child needs to go to the emergency department, take along a sample of what the child swallowed (such as the piece of the plant) if possible.

(Source: Well Beings, Canadian Paediatric Society, 1996, p.235)

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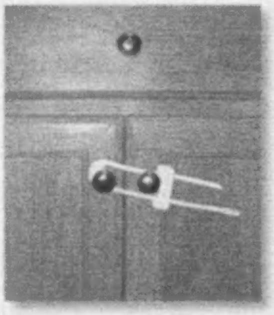
Household Safety: Preventing Poisoning

From fertilizer to antifreeze and medicines to makeup, poisonous items show up throughout our homes. Here are some important ways to help prevent kids from ingesting a poisonous substance.

Medications

- Don't rely on packaging to protect your kids — child-resistant packaging does not mean childproof packaging.
- Never prepare or give medication to a child in the dark: You may give the wrong dosage or even the wrong medication.
- Never leave vitamin bottles, aspirin bottles, or other medications on kitchen tables, countertops, bedside tables, or dresser tops. Small children may decide to try to copy adults and help themselves.
- Never tell a child that medicine tastes like candy.
- Store all medications — prescription and nonprescription — in a locked cabinet, far from kids' reach. Even items that seem harmless, such as mouthwash, can be extremely dangerous if ingested in large quantities by children. Just because cabinets are up high doesn't mean kids can't get their hands on what's in them — they'll climb up (using the toilet and countertops) to get to items in the medicine cabinet.



- Make sure purses and bags — yours and guests' — that could contain poisonous items such as medications are kept out of the reach of kids at all times.
- Always keep pills and liquids in their original containers.
- Try to keep a record of how many pills are left in a prescription container.

- Be aware of all medications in your home (and in those of relatives if your kids spend a lot of time there).

Cleaning Products and Other Household Chemicals

- Never put cleaning products in old soda bottles or containers that were once used for food.
- Never put roach powders or rat poison on the floors of your home.
- Store household cleaning products and aerosol sprays in a high cabinet far from reach.
- Don't keep any cleaning supplies, including dishwasher detergent and dishwashing liquids, under the sink.
- Use safety latches for all cabinets containing hazardous substances.
- Keep hazardous automotive and gardening products in a securely locked area (ideally, in your garage, if you have one).
- When you're cleaning or using household chemicals, never leave the bottles unattended if there's a small child present.

Alcohol

- Don't leave alcoholic drinks where kids can reach them. Take special care during parties — guests may not be mindful of where they've left their drinks. Clean up promptly after the party.
- Keep bottles of alcohol in a locked cabinet far from kids' reach.
- Keep mouthwash out of the reach of kids, as many brands contain substantial amounts of alcohol.
- Food extracts, such as vanilla and almond, may contain alcohol and can be harmful to kids.

Lead Paint

- Don't use cribs, bassinets, highchairs, painted toys, or toy chests made before 1978; these may have a finish that contains lead.
- If you have an older home, have the paint tested for lead. For more information on lead, call the National Lead Information Center at (800) 424-LEAD (5323).
- Keep up on toy recalls due to the use of lead paint — you can receive notifications from the U.S. Consumer Product Safety Commission (CPSC).

Other Items

- Never leave cosmetics and toiletries within easy reach of children. Be especially cautious with perfume, hair dye, hairspray, nail and shoe polish, and nail polish remover.
- Keep kids away from houseplants — and plants around your yard — that can be poisonous. Either put plants out of reach or buy only plants that are nonpoisonous. A few examples of toxic houseplants include: rhododendron, English ivy, lily of the valley, and holiday plants such as holly and mistletoe.
- Discard used button cell batteries (like those in watches) safely, and store any unused ones far from kids' reach (alkaline substances are poisonous).

Be Prepared

If you're expecting a baby or you already have a child, it's wise to:

- Learn cardiopulmonary resuscitation (CPR) and the abdominal thrust procedure (the Heimlich maneuver).
- Keep the following numbers near the phone (for yourself and caregivers):
  - poison-control number: 1-800-222-1222
  - doctor's number
  - parents' work and cell phone numbers
  - neighbor's or nearby relative's number (if you need someone to watch other kids in an emergency)
- Make a first-aid kit and keep emergency instructions inside.
- Install smoke detectors and carbon monoxide detectors.

Maintaining a Safe, Kid-Friendly Environment

To check your childproofing efforts, get down on your hands and knees in every room of your home to see things from a child's perspective. Be aware of your child's surroundings and what might be potentially dangerous.

Completely childproofing your home can be difficult. If you can't childproof the entire house, you can shut the doors (and install doorknob covers) to any room a child shouldn't enter to prevent wandering into places that haven't been properly childproofed. For sliding doors, doorknob covers and childproof locks are also great for keeping little ones from leaving your home.

Of course, how much or how little you childproof your home is up to you. Supervision is the very best way to help prevent kids from getting injured. However, even the most vigilant parent can't keep a child 100% safe at all times.

Whether you have a baby, toddler, or school-age child, your home should be a haven where your little one can explore safely. After all, touching, holding, climbing, and exploring are the activities that develop your child's body and mind.

Reviewed by: Mary L. Gavin, MD
Date reviewed: February 2010

Nemours.

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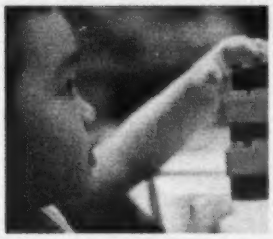

PLAYING IT SAFE:
BUYING PRODUCTS FOR THE CHILD CARE CENTRE

In early learning and child care environments, children receive care and nurturing, learn to socialize with their peers, and develop important skills. They may also, however, come into contact with a variety of potentially harmful chemicals or pollutants.

Children may take in such chemicals by mouthing certain plastic or painted toys, eating foods heated in plastic containers, breathing in fine dust from art and craft materials, or absorbing chemicals through their skin from cleaning products. While chemical exposures from individual products may be small, they can add up and, in combination, potentially contribute to asthma, learning disabilities, cancer and other chronic conditions.

The good news is that many environmental exposures can be prevented. You can play an important part in this prevention by choosing safer products for your child care centre and using potentially hazardous products safely.

Toys

- If buying plastic toys, look for PVC- or phthalate-free toys. Avoid toys with "vinyl" or "PVC" on the label, or those with a strong chemical smell. PVC (polyvinyl chloride) contains potentially harmful phthalates.
- Be aware that most inflatable toys (such as those for water play) are made of PVC.
- If possible, choose unpainted wooden toys, toys with lead-free paint, or machine-washable cloth toys.
- Avoid second-hand, donated or inexpensive toys that may contain lead. Metal objects (such as play jewellery) that feel heavy for their size may also contain lead.
- Visit the Health Canada Consumer Product Safety website and subscribe to the e-mail list (cpsn-subscribe-request@list.hc-sc.gc.ca) to learn of consumer advisories, warnings and product recalls.

Art and Craft Materials

- Choose art and craft materials specifically labelled "intended for use by children" and avoid products that bear hazard symbols. A product labelled "non-toxic" is not an assurance of safety.
- Look for products with the "Approved Product" (AP) seal from the American Arts and Creative Materials Institute (ACMI). This label assures some measure of safety.
- Select liquid, gel and paste art materials rather than powders and sprays, and water-based art and craft materials rather than solvent-based products.

Personal Care Products

- Choose fragrance-free products.
- Do not use antibacterial hand soap. Proper hand washing with plain soap and water removes most germs.
- When soap and water are not available, an unscented, alcohol-based hand sanitizer is an acceptable alternative.
- When buying sunscreen, look for products bearing the Canadian Dermatology Association (CDA) logo with a sun protection factor (SPF) of 30 or higher.
- Favour sunscreens that contain reflecting physical blockers, such as titanium dioxide, and avoid those containing chemical blockers, such as octyl methoxycinnamate or oxybenzone. To play it safe, write to companies to find out if the sunscreens you choose contain nanoparticles — ultra-small particles that may be absorbed through the skin.

Disinfectants

- Use bleach solutions when and where required and in the concentrations recommended by your public health unit.
- If choosing alternatives to bleach for disinfection — such as products containing hydrogen peroxide, phenol (rinsing is required after application), and thyme oil — ensure products have a drug identification number (DIN) or *Pest Control Products (PCP) Act* number.

Cleaning Products

- For tasks other than disinfection, choose products with the fewest hazard symbols. Plain soap or detergent will suffice in many cases.
- Use fragrance-free and biodegradable laundry soaps. Do not use dryer sheets or scented fabric softeners.
- For routine cleaning tasks, choose reusable cloth wipes instead of disposable chemical wipes.
- Choose the least toxic carpet and oven cleaners.
- Look for products bearing the EcoLogo. These are typically less toxic than conventional ones.
- Do not use deodorizers or air "fresheners" (including plug-ins). Most rely on potentially harmful chemicals to cover up offensive odours.

Pest Control Products

- Use preventive measures — such as regular cleaning, building maintenance and safe food storage — to reduce the risk of infestations.
- For minor pest problems, select chemical-free and non-toxic measures whenever possible.

Choosing to buy safer products is one way you can protect the health of children in your care. The way you use products and the practices you engage in on a daily basis are equally important.

For more information and practical tips on healthier, greener practices in the child care setting, refer to *Advancing Environmental Health in Child Care Settings: A Checklist for Child Care Practitioners and Public Health Inspectors* at www.healthyenvironmentforkids.ca

- If an infestation occurs, use traps rather than poisons. If poison must be used, choose pastes and gels instead of powders and sprays, and follow label instructions carefully. Always ensure that pest control products are inaccessible to children, and work in consultation with your local public health unit.

Insect Repellents

- For DEET-containing repellents, select only those specifically intended for children. Choose those with the lowest possible DEET concentration, and not higher than ten per cent. Use as directed.
- When choosing alternatives to DEET, select products registered by the Pest Management Regulatory Agency.
- Avoid eucalyptus-based repellents or products containing citronella or lavender oil, as these can be harmful to children.

Furnishings

- Most sleeping mats are covered with vinyl (PVC). Air out new mats for three days before using them indoors, and ensure children do not mouth or chew on them by covering them with a washable fabric.
- When replacing carpets, choose smooth hard flooring (not vinyl) and cover where needed with machine-washable area rugs. Avoid wall-to-wall carpeting.

Food Storage and Serving Ware

- When purchasing food storage containers, opt for glass, lead-free ceramic or stainless steel.
- For dishes and cutlery, consider glass, lead-free ceramic, stainless steel or bamboo as alternatives to plastic.
- If you use plastic, polypropylene (#5) is a better choice. Avoid storing hot food in plastic.

Following these tips is not always simple. Alternative products can be more expensive and they may be hard to find. And simply reading labels won't always tell you everything that is in a product.

When you make the effort to ask for and choose safer products, you are not only protecting the health of the children in your care, you are also helping to push the marketplace so that everyone can access safer, reasonably priced products.

We can all play a part in securing better laws to protect children from toxic chemicals in consumer products, including mandatory product labelling and full disclosure of ingredients.

For CPCHE's position on these and other issues, see *First Steps in Lifelong Health: A Vision and Strategy for Children's Health and Environment in Canada*, at www.healthyenvironmentforkids.ca

Where Can You Get More Information?

Advancing Environmental Health in Child Care Settings (CPCHE) - see box, over

Child Health and the Environment: A Primer (CPCHE)
www.healthyenvironmentforkids.ca/Primer.pdf

Childproofing for Environmental Health: An Examination of Food Related Exposures (Toronto Public Health)
www.healthyenvironmentforkids.ca/resources/childproofing-environmental-health-examination-food-related-exposures

Online Collection on Toy Safety (CPCHE)
www.healthyenvironmentforkids.ca/collections/toy-safety

Consumer Product Safety Warnings and Advisories (Health Canada)
www.hc-sc.gc.ca/cps-spc/advisories-avis/aw-am/index-eng.php

Safety in the Arts (Canadian Child Care Federation)
www.cccf-fcsge.ca/docs/cccf/RS_21-e.pdf

Well Beings: A Guide to Health in Child Care (Canadian Paediatric Society)
www.caringforkids.cps.ca/wellbeings/index.htm

Online Collection on Pesticides (CPCHE)
www.healthyenvironmentforkids.ca/collections/pesticides

Insect Repellents (Health Canada)
www.hc-sc.gc.ca/hl-vs/iyh-vsv/life-vie/insect-eng.php

Insect Repellents for Children (Canadian Paediatric Society)
www.caringforkids.cps.ca/keepkidssafe/repellents.htm

Online Collection on Phthalates (CPCHE)
www.healthyenvironmentforkids.ca/collections/phthalates

Online Collection on Bisphenol A (CPCHE)
www.healthyenvironmentforkids.ca/collections/bisphenol

Smart Plastics Guide: Healthier Food Uses of Plastics (Institute for Agriculture and Trade Policy)
www.healthobservatory.org/library.cfm?refid=102202

Guide to Less Toxic Products (Environmental Health Association of Nova Scotia)
www.lesstoxicguide.ca

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canadian partnership for children's health & environment

www.healthyenvironmentforkids.ca

The **Canadian Partnership for Children's Health and Environment (CPCHE)** is a group of organizations that have been working together since 2001 to protect children's health from environmental exposures to toxic chemicals and pollutants.

CANADIAN CHILD CARE FEDERATION
FÉDÉRATION CANADIENNE DES SERVICES DE GARDE À L'ENFANCE

SECTION 17

REGULATIONS 55 TO 58

EMERGENCY EQUIPMENT AND PROCEDURES

Section 17

Regulations 55 to 58

EMERGENCY EQUIPMENT AND PROCEDURES

This section explains what operators have to do to be prepared for emergencies, including:

- having certain emergency equipment
- having an emergency evacuation plan
- practising fire drills regularly
- following certain procedures if a child is injured
- keeping an up-to-date list of emergency numbers

REGULATION 55(1)

Fire Safety Equipment

An operator shall ensure that smoke detectors, fire extinguishers and carbon monoxide detectors are located in a child day care facility in compliance with the *National Building Code of Canada*, the *National Fire Code of Canada*, and any applicable by-laws in the community in which the facility is located.

Why

- ◆ To ensure that the child care facility has adequate smoke and carbon monoxide detectors.
- ◆ To ensure that the child care facility has adequate fire extinguishers.

What it means

- ☞ The operator must meet the requirements of the *National Building Code of Canada*, the *National Fire Code of Canada*, and any local bylaw(s) regarding the number and location of smoke and carbon monoxide detectors and fire extinguishers.
- ☞ Annual inspections by the Regional Consultant and Fire Inspector will include checking smoke and carbon monoxide detectors and fire extinguishers. See the box, **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

How to...

- ✓ Check the settlement, hamlet, town or city office to see if there are any local bylaws regarding smoke and carbon monoxide detectors and fire extinguishers.
- ✓ Make sure the facility has enough smoke and carbon monoxide detectors and fire extinguishers, as required by the *National Building Code* and *National Fire Code*, and any local bylaw(s).
- ✓ Make sure they work.
- ✓ Develop procedures for staff to follow if a smoke detector or a carbon monoxide detector sounds:
  - Develop emergency evacuation procedures as required by Regulation 56(1).
  - If a carbon monoxide detector sounds, evacuate the facility immediately.
  - If a smoke detector sounds, use judgment to decide if an evacuation is necessary. (If it's burnt toast you probably don't have to evacuate.)
- ✓ Some carbon monoxide detectors have a spot which changes colour if there is carbon monoxide. Look at them daily to make sure the colour spot hasn't changed.
- ✓ Make sure staff know how to use the fire extinguisher(s).
- ✓ Ask the Regional Consultant or Fire Inspector for help if needed.

Resources

Section Resources

Fire Extinguishers R17-1
Location, Installation, Testing and Cleaning –
Smoke Alarms R17-3
Quick Facts on Carbon Monoxide R17-5

REGULATION 55(2)

Telephone and First Aid Kit

An operator shall ensure that the child day care facility has a:
(a) telephone in working order; and
(b) first aid kit and manual that conform to guidelines provided by a first aid trainer or organization.

Why

- To ensure that the facility has a working telephone in the event of an emergency.
- To ensure that the facility has a properly equipped first aid kit, and first aid manual, in the event of an injury.

What it means

- The operator must ensure that the facility has a telephone and that it works.
- The operator must ensure that the facility has a first aid kit and first aid manual that follows the guidelines of a certified first aid trainer or organization (such as St John Ambulance, the Red Cross or health centre).
- Annual inspections by the Regional Consultant and EHO will include checking the telephone and first aid kit. See the box, **What To Do If An Inspector Requires Improvements**, after Regulation 3(6).

Related regulations

- ⇔ 61(2): Primary staff persons must be certified in first aid, and in infant and child cardiopulmonary resuscitation (CPR).
- ⇔ 63(2): Family day home operators must be certified in first aid, and in infant and child cardiopulmonary resuscitation (CPR).

How to...

- ✓ If the facility is large – e.g. two floors, or several rooms – have more than one phone.
- ✓ Have a cell phone as a backup, if your area has cell phone service.
- ✓ Replace first aid supplies as they are used, or if they are outdated.
- ✓ Operators of family day homes and primary staff persons in centres, keep first aid and CPR certifications up-to-date.
- ✓ Have a first aid kit packed and available for field trips, or outdoor play areas that are away from the facility. Include insect repellent, sun screen, a paper and pencil.

Resources

www.sja.ca
St John Ambulance website with information on courses and first aid kits and supplies.

Supplies for first aid kits include the following:

- first aid manual
- hand cleaner/cleansing towelettes
- antiseptic wipes
- plastic bags
- sterile gauze pads and rolls (assorted sizes)
- sterile eye pads
- sterile abdominal dressings
- adhesive tape
- adhesive bandages in several sizes
- tweezers
- stainless steel bandage scissors
- safety pins
- disposable instant cold packs
- thermometer
- mouthpiece for administering rescue breathing
- plastic gloves (at least 2 pairs)
- flashlight and extra batteries
- record book and pen
- compress bandage
- triangular bandage
- elastic support bandage
- antibiotic cream
- sting kill ampoules or wipes (for insect bites)
- other items as required or recommended by the EHO or Regional Consultant

REGULATION 56(1)

Emergency Evacuation Plan

An operator shall provide an emergency plan that includes:
(a) emergency evacuation and fire drill procedures;
(b) arrangements for alternate emergency accommodations; and
(c) arrangements for transportation to those accommodations.

Why

- To ensure that operators have a plan if the facility has to be evacuated.
- To ensure that children can be evacuated quickly and safely, and taken to another location, in the event of an emergency.

What it means

- The operator must have an emergency plan and include it as part of the Application for a Licence (Regulation 2(4)(i)).
- The emergency plan must include the things in the shaded box.
- If the Director issues a licence it means the emergency plan is satisfactory.

Related regulations

- 13(1) and (2): The operator must complete a Serious Occurrence Report for any emergencies at the facility and give a copy of the report to the Director by the end of the next business day.
- 56(2) and (3): The operator must practise evacuation and fire drill procedures once a month, and keep written records of those practices.

How to...

✓ Plan how to quickly evacuate all children, staff and volunteers from the facility in the event of an emergency.

- Outline roles and responsibilities for staff and volunteers so that everyone knows what to do. Decide who will:
  - evacuate infants (or a child with special needs),
  - evacuate older children,
  - bring medications and a first aid kit,
  - bring the daily attendance sheet,
  - bring parent/emergency contact numbers, and the numbers of local services (such as health centre, taxi, police),
  - take roll call,
  - do a final sweep of the building to make sure everyone is out,
  - phone the fire department or emergency services.
- Keep blankets by each exit to protect children once they are outside. These could be kept in clean garbage cans on wheels, along with other emergency evacuation supplies such as a flashlight, diapers and water.
- Establish a safe meeting place outside the facility where children meet and wait.

✓ Identify an alternate location where all children and staff will go after the facility has been evacuated.

✓ Plan how the children and staff will get to that location.

✓ Use *Responding to Emergencies: A Handbook for Early Childhood Programs* to help write the emergency plan. (See Resources.)

✓ Ask for help with the emergency plan from the local fire or police authority.

✓ Ask for help from the Regional Consultant, if needed.

Centre operators

✓ Make sure all staff are fully aware of the evacuation procedures, their role in the evacuation procedures, the alternate accommodations, and how children will get to the alternate accommodations.

Resources

📖 *Responding to Emergencies: A Handbook for Early Childhood Programs*
Department of Education, Culture and Employment, GNWT

📖 Section Resources
Emergency Preparedness Plan, includes:
- Sample Letter of Agreement with Emergency Evacuation Site, and R17-6
- Sample Emergency Preparedness Letter to Parents R17-7

Teaching Children About Safe Fire Exits at Home R17-8
Get Out! Stay Out! R17-9

REGULATION 56(2) AND (3)

Monthly Fire Drills and Record of Fire Drills

56(2)

An operator shall ensure that the emergency evacuation and fire drill procedures referred to in subsection (1) are practised once a month and that a written record of each practice is kept, indicating the date and time of the practice and the number of children, staff and volunteers in attendance.

56(3)

An operator shall retain the written record referred to in subsection (2) for not less than one year after the date of the last practice indicated on the record.

Why

◆ To ensure that operators, staff and children practise emergency evacuation and fire drills so they know what to do in the event of a real emergency evacuation.

What it means

☞ The operator must practise the evacuation plan and fire drill once a month.

☞ The operator must keep a written record of each practice – date, time, number of children, number of staff and number of volunteers.

☞ The operator must keep the written record for at least a year. In other words the operator must keep the record of the evacuation for any given month – e.g. November – until the following November, at least.

How to...

✓ Practise evacuation drills from all parts of the facility and at various times of the day, during a variety of activities, including nap time.

✓ Use the form in the resources at the end of this section, or develop and use a form to record the required information – date, time, number of children, number of staff and number of volunteers.

✓ Keep the form and recorded information on file at the facility.

✓ Keep the recorded information on any given evacuation drill for at least one year.

✓ Centre operators make sure staff are fully aware of fire drill procedures.

Resources

Section Resources

Record of Fire Drill Practices R17-12

REGULATION 57(1) AND (2)

Emergency Contact Information

57(1)

An operator shall ensure that addresses and telephone numbers for the following persons, places and services are readily available in the child day care facility:

(a) In respect of each child;
    (i) a parent;
    (ii) the emergency contact person referred to in paragraph 11(2)(c); and
    (iii) the health care professional referred to in paragraph 11(2)(f);
(b) the nearest nursing station or public health unit;
(c) the nearest hospital emergency room;
(d) contact information for a poison information centre;
(e) an ambulance service for the area;
(f) a taxi service for the area;
(g) the local fire department;
(h) the nearest Royal Canadian Mounted Police detachment;
(i) a Child Protection Worker for the area;
(j) in the case of a centre day care facility, the staff persons for the facility.

57(2)

In addition to the information referred to in subsection (1), the operator shall ensure that any e-mail addresses provided under paragraph 11(2)(b) or (c) for the parent or an emergency contact are readily available in the child day care facility.

Why

◆ To be able to contact anyone on the list in the shaded box, without delay.

What it means

☞ The operator must have easy access to the addresses, phone numbers and e-mails in the shaded box.

☞ The operator of a centre must also make sure that staff have easy access to the addresses, phone numbers and e-mails in the shaded box.

Related regulations

⇔ 11(2)(b), (c) and (f): The child's application for enrolment must include contact information for the child's parent, another person if the parent is not available, and the child's health care provider.

⇔ 11(6): The operator must keep all information on children and their families confidential.

How to...

- ✓ Use the forms in the resources at the end of this section, or create your own:
  - children's list of all children and the three addresses, phone numbers and e-mails (if any) required:
    - parent,
    - emergency contact person if the parent is not available,
    - the child's health care provider (e.g. doctor or nurse),
  - staff list with addresses and telephone numbers (centres only),
  - community services list with addresses and phone numbers for items (b) through (i) in the shaded box.
- ✓ Post or keep the children's list where you and staff can easily access it – e.g. office, inside a kitchen cupboard door, etc.
- ✓ Do not post the children's list on the information board. All information on children and their families needs to be kept confidential.
- ✓ Post the staff list in a location that is easily available to staff, but not on the information board (unless all staff agree).
- ✓ Post the community services list near all telephones.
- ✓ Update all lists regularly – as soon as any address or phone number changes, as soon as any child enrols or withdraws from the facility, and as soon as there are any staff changes.
- ✓ In addition to the list, have each child's information on a separate index card that can be pulled out if a child has to be taken for medical treatment. Make sure the index cards also include the child's health care number and any known allergies.

Resources

Section Resources

Emergency Contact Information – Children (with space for cell phone) R17-13
Emergency Contact Information – Children (no cell phone) R17-14
Emergency Contact Information – Community Services and Staff R17-15

REGULATION 58

Injured Child Procedures

If a child attending a child day care facility sustains an injury while attending the facility, the operator shall:

(a) as soon as possible, ensure that the child receives any required medical assistance;

(b) as soon as possible, notify the parent of the child; and

(c) complete and submit a report in accordance with section 13(1).

Why

◆ To ensure that any child who is injured gets medical attention as soon as possible.

◆ To ensure that parents and the Director are informed of an injured child.

What it means

☞ If a child is injured at the facility the operator must make sure that the child receives medical assistance as soon as possible.

☞ Medical assistance means that the child must see a doctor, nurse, or other health care professional. (The operator or staff might perform first aid, but this does not meet the definition of "medical assistance".)

☞ The operator must notify parents as soon as possible.

☞ The operator must complete a Serious Occurrence Report (Regulation 13(1) and submit it to the Director either on the day the injury happened, or the next business day. (Business day means Monday through Friday.)

Related regulations

⇔ 11(2)(j): The child's application for enrolment includes a waiver signed by the parent allowing the operator to get medical treatment for the child in the case of an emergency, accident or illness.

⇔ Regulation 11(4)(f): The operator must put a copy of the Serious Occurrence Report in the injured child's file.

How to...

✓ Keep an index card for each child that includes the names, addresses and e-mails (if any) for the parent and alternate emergency contact, the address and phone number of the child's health care provider, the child's health care number, and any known allergies.

✓ If a child is injured don't wait to see if "things get worse". Take the child, along with the child's index card (as above), to a hospital, health clinic or nursing station right away.

✓ You do not have to ask the parent for permission before getting medical assistance for the child. This permission was already given as part of the application for enrolment.

✓ If you're not sure if a small injury actually requires medical attention, for example a cut, take the child to a hospital, health clinic or nursing station. A health care professional will decide what treatment is required.

✓ Call the parent as soon as possible to briefly, but clearly explain what happened. Speak calmly, and be prepared for a variety of parent responses – some will need more reassurance than others that their child is being taken care of.

✓ Call the Regional Consultant to inform them of the incident and your actions so they are not taken by surprise if the media or an upset parent calls them.

✓ Complete a Serious Occurrence Report and give a copy of it to the Director by the end of the next business day.

✓ Put a copy of the report in the file of the injured child.

✓ Review, and if needed, make changes to routines, floor plans, staff responsibilities, or any aspect of the facility or early childhood program to prevent similar injuries from happening again. Ask the Regional Consultant or a health and safety professional for suggestions, if needed.

Resources

Responding to Emergencies: A Handbook for Early Childhood Programs
Department of Education, Culture and Employment, GNWT

Section Resources
Serious Occurrence Report Form R17-16

Fire Prevention Canada

Working with the private and public sectors to achieve
fire safety through education

FIRE EXTINGUISHERS

Read the instructions on your extinguisher for proper use.

Create a picture in your mind that will reflect the instructions on the extinguisher: if there's a fire, get everyone outside and ask a member of your family to call the fire department from a neighbour's house. Only then should you permit yourself to fight a small fire. If the fire becomes large, get out. Close doors behind you to slow the spread of the fire.

The ABCD's of Portable Fire Extinguishers

A fire extinguisher is a storage container for an agent like water or chemicals. It is designed to put out a small fire, not a large one. Extinguishers are labelled ABC or D. Ensure you use the right extinguisher for the appropriate type of fire.

A) **Ordinary Combustibles** – Fires started with paper, wood, drapes and upholstery require a Class A type extinguisher.

B) **Flammable and Combustible Liquids** – Fires originating from fuel oil, gasoline, paint, grease in a frying pan, solvents and other flammable liquids require a Class B type extinguisher.

C) **Electrical Equipment** – Fires started with wiring, overheated fuse boxes, conductors, and other electrical sources require a Class C type extinguisher.

D) **Metals** – Certain metals such as magnesium and sodium require a special dry powder Class D type extinguisher.

A multi-purpose dry chemical labelled ABC puts out most types of fires: wood, paper, cloth, flammable liquids and electrical fires. If you intend to buy more than one, you may want to purchase a BC for the kitchen, an A for the living room and an ABC for the basement and garage.

Buying and Maintaining an Extinguisher

1. Extinguishers come in a dry chemical, foam, carbon dioxide, water, or Halon form. Whatever type you buy, it should be labelled by a nationally recognized testing laboratory.
2. The higher the number rating on the extinguisher, the more fire it puts out. High rated extinguishers are often (not always) the heavier models. Ensure you can hold and operate the one you buy comfortably.
3. Ask your dealer how to have your extinguisher serviced and inspected. Recharge it after ANY use. A partially used extinguisher might as well be empty.
4. Extinguishers should be installed near an escape route and away from potential fire hazards.

Learn How to PASS

1. **Pull** the pin. Some units require the releasing of a lock latch, pressing a puncture lever, inversion or other motion.
2. **Aim** the extinguisher nozzle (horn) at the base of the fire.
3. **Squeeze** or press the handle.
4. **Sweep** from side-to-side at the base of the fire and discharge the contents of the extinguisher.

Foam and water extinguishers require slightly different use. Read the instructions.

Fire Prevention Canada

Working with the private and public sectors to achieve fire safety through education

LOCATION, INSTALLATION, TESTING AND CLEANING

Locating/Installing Smoke Alarms

- Read and follow the manufacturer's instructions carefully.
- For best performance, an alarm should be mounted on the ceiling in or near the centre of the room, hall or stairway, and at the head of each stairway leading to an occupied area.
- Optimum location for wall mounts is at least 15 cm (6 inches) from the ceiling but not more than 30 cm (19 inches) from it.
- Avoid installing where the temperature is less than 5°C (41°F) or exceeds 48°C (119°F).
- Keep alarms away from doors and windows.
- Never locate an alarm in front of an air register, fans or vents.
- Keep alarms at least 60 cm (2 feet) from any corner.
- Don't recess an alarm.
- Smoke alarms in rooms with ceiling slopes greater than 30 cm (one foot) rise per 2.4 m (eight feet) horizontally should be located on the high side of the room.
- Avoid locating an alarm at the peak of an "A" frame type ceiling.
- Never paint a smoke alarm.
- Keep alarms 60 to 90 cm (two to three feet) away from light fixtures.

When having an alarm connected into the electrical wiring system of a house you should:

- Use a qualified electrical contractor.
- Never install the alarm in the electrical circuit except at the main panel. Alarms must also never be installed in a circuit connected to an on/off switch.
- Check the alarm when installation is complete.

Mark your calendar: Testing & Cleaning

Test your smoke alarm monthly and clean it every 6 months. Mark it on your calendar so that you don't forget. Things to remember when testing your smoke alarm:

- Ensure that power is being transmitted to the alarm and that it will activate in the presence of smoke.
- Test your smoke alarm by pressing the test button.
- Even alarms with a pilot light that indicate power is being transmitted, should be tested regularly.
- Battery-operated smoke alarms will warn you when batteries need replacing. Despite this, make it a habit to change the batteries yearly.
- When you've been away from home for a few days, check your alarm on your return to ensure it is working properly.
- Remember, your smoke alarm can't protect you if the batteries have been removed or a plug has been disconnected.
- The lifespan of a typical smoke alarm is about 10 years, but some models last as little as 5 years.
- To clean the alarm, open the cover and gently vacuum the interior of it. Frequently, the alarm will sound while the unit is being cleaned.

Fire Prevention Canada

Working with the private and public sectors to achieve
fire safety through education

QUICK FACTS ON CO

WHAT IS IT: A colourless, odourless and tasteless gas.

SIGNS: Stuffy air, water vapour, backdraft and soot from a fireplace.

SYMPTOMS: Headaches, weakness, nausea, vomiting and loss of muscle control. They can be mistaken for flu symptoms.

EFFECTS: If inhaled, carbon monoxide deprives the blood of oxygen. Prolonged exposure can lead to unconsciousness, brain damage or death.

CAUSES: Blocked or dirty vents, flues, chimneys and furnaces, as well as improper ventilation of burning fireplaces or woodstoves.

DEATHS: Approximately 200 per year.

PREVENTION: Annual inspection and cleaning of:

- Furnaces
- Chimneys
- Fireplaces
- Other fuel-burning equipment such as gas dryers

Safety tips on how to avoid carbon monoxide poisoning

INSTALL at least one carbon monoxide detector in your home.

ENSURE a wood or coal-burning stove is properly installed and vented.

DON'T operate a gasoline-powered engine, kerosene stove or charcoal grill in a closed space.

BARBECUE grills should never be operated indoors.

CHECK clothes dryer vents that open outside the house for lint.

CHECK forced air fans for proper ventilation.

If you suspect carbon monoxide in your home, get out immediately and call the fire department.

Emergency Preparedness Plan

Sample Letter of Agreement with Emergency Evacuation Site

Letter of Agreement between ______________________________ *(name of child care center)*

and ______________________________________ *(name of emergency evacuation site)*

to serve as an emergency evacuation site for child care children and staff.

Information about Child Care Facility	**Information about Evacuation Site**
Name of facility ____________________	Name of facility ____________________
Address ____________________	Address ____________________
____________________	____________________
Telephone number ____________________	Telephone number(s) ____________________
Name of contact person(s) ____________	____________________
____________________	Name of contact person(s) ____________
Hours of operation ____________________	____________________
Number of children and staff potentially evacuating ________	Hours of operation ____________________

Driving directions from child care center to evacuation facility:

____

____

____

____

(Attach map with directions from child care center to evacuation facility to this agreement)

Check off items that the evacuation site will provide in an emergency:

Water
Food
Transportation
Telephone
People to assist
Other____

____ *(name of evacuation facility)*
agrees to serve as an emergency evacuation site for

____ *(name of child care center)*

Signatures

Authorized Evacuation Site Representative	Date
Child Care Center Director	Date

Signed copies of this agreement should be kept on file at both the child care center and the emergency evacuation site.

Emergency Preparedness Plan

Sample Emergency Preparedness
Letter to Parents

Give to parents every year and to new parents as they enter your program

Name of Child Care Center:

Date letter distributed:

Dear Parents,

Our child care center's philosophy is to keep your child(ren) safe at all times when he/she is in our care. With recent world and local events, we have developed an emergency plan that will be put into place in the event that special circumstances require a different type of care. Plans for these special types of care are reviewed annually. Staff is trained in the appropriate response and local emergency management is aware of these plans. The specific type of emergency will guide where and what special care will be provided.

- **Shelter at the site** – This plan would be put into place in the event of a weather emergency or unsafe outside conditions or threats. In this plan, children will be cared for indoors at the center and the center may be secured or locked to restrict entry. Parents will be notified if they need to pick up their child before their regular time.
- **Evacuation to another site** – This plan would be put into place in the event that it is not safe for the children to remain at the center. In this situation, staff has predetermined alternate sites for care. The choice of site is determined by the specific emergency and what would be an appropriate alternate site.
- **Method to contact parents** – In the event of an emergency, parents will be called, a note will be placed on the door, and radio/TV stations will be alerted to provide more specific information. You can also check for information on our website www.xxxxxxxxx or call our main office at xxx-xxx-xxxx. Depending on the distance from the center, the children will walk if feasible or be transported to the alternate site.
- **Emergency ends/reuniting with children** – When the emergency ends, parents will be informed and reunited with their children as soon as possible. The contact methods listed above will be used to inform parents.

The purpose for sharing this information with you is not to cause you worry, but to reassure you that we are prepared to handle all types of emergencies in a way that will ensure the safety of your child(ren). In the event of an actual emergency, please do not call the center – it will be important to keep the lines open. If you have questions regarding this information, talk with the center director or your child's teacher.

Sincerely,

(Signature of Child Care Center Director)

Signed copies of this agreement should be kept on file at both the child care center and the emergency evacuation site.

RESOURCE SHEET

Canadian Child Care Federation

#74

Teaching Children About Safe Fire Exits at Home

Seven out of 10 fatal fires in Canada occur in the home. Having a working smoke alarm is one of the most valuable things you can do to protect yourself and your family. But just as important is knowing *exactly* what you are going to do when that smoke alarm goes off. You may have less than two minutes to escape before smoke creates life-threatening conditions.

Creating and practicing fire escape routes using the following tips from Fireproof Children/Prevention First, an international fire safety and injury prevention center, is a fun family activity that also protects your loved ones.

- Use a piece of graph paper to draw a floor plan of your home, including every floor.
- Mark all windows and doors, label each bedroom, and note where smoke detectors are located (you should have a smoke detector on every level of your home and outside of sleeping areas).
- Plan two escape routes from every room, especially bedrooms. Include escape plans for anyone with special needs.
- Choose a family meeting spot a safe distance from your home, where everyone will gather and wait for the fire department.
- Have the whole family discuss the escape route and the meeting place. Decide who will be "monitor," and make sure everyone gets out. Explain that no one should ever go back into a burning building; if a family member or pet is missing you will tell the firefighters, who are equipped to perform rescues safely.
- Most importantly, PRACTICE your escape route at least twice a year. Have everyone participate, and make sure everyone can unlock doors and windows quickly. Pretend that an exit is blocked, and practice alternative escape routes. Pretend the lights are out and practice finding the way out.
- Go over what to do if trapped in an upstairs bedroom: close the bedroom door, place a towel or blanket across the bottom of the door, and call for help from the window. The fire department will respond and help you get out well before a fire burns through even a hollow door.

- A visit to your local firehouse will give kids the chance to become familiar with firefighters and the gear they wear, helping them not be afraid to "go to the firefighter." Take advantage of a firehouse "open house" or call to arrange a visit.

Kids can find games and activities that teach fire safety skills at www.playsafebesafe.com.

Parents can learn more about the importance of fire exit routes and drills from "Know How to Get Out – Fast" at www.fireproofchildren.com.

Other useful fire safety resources:

Staying Alive www.stayingalive.ca

Sparky the Fire Dog, National Fire Protection Association www.nfpa.org/sparky

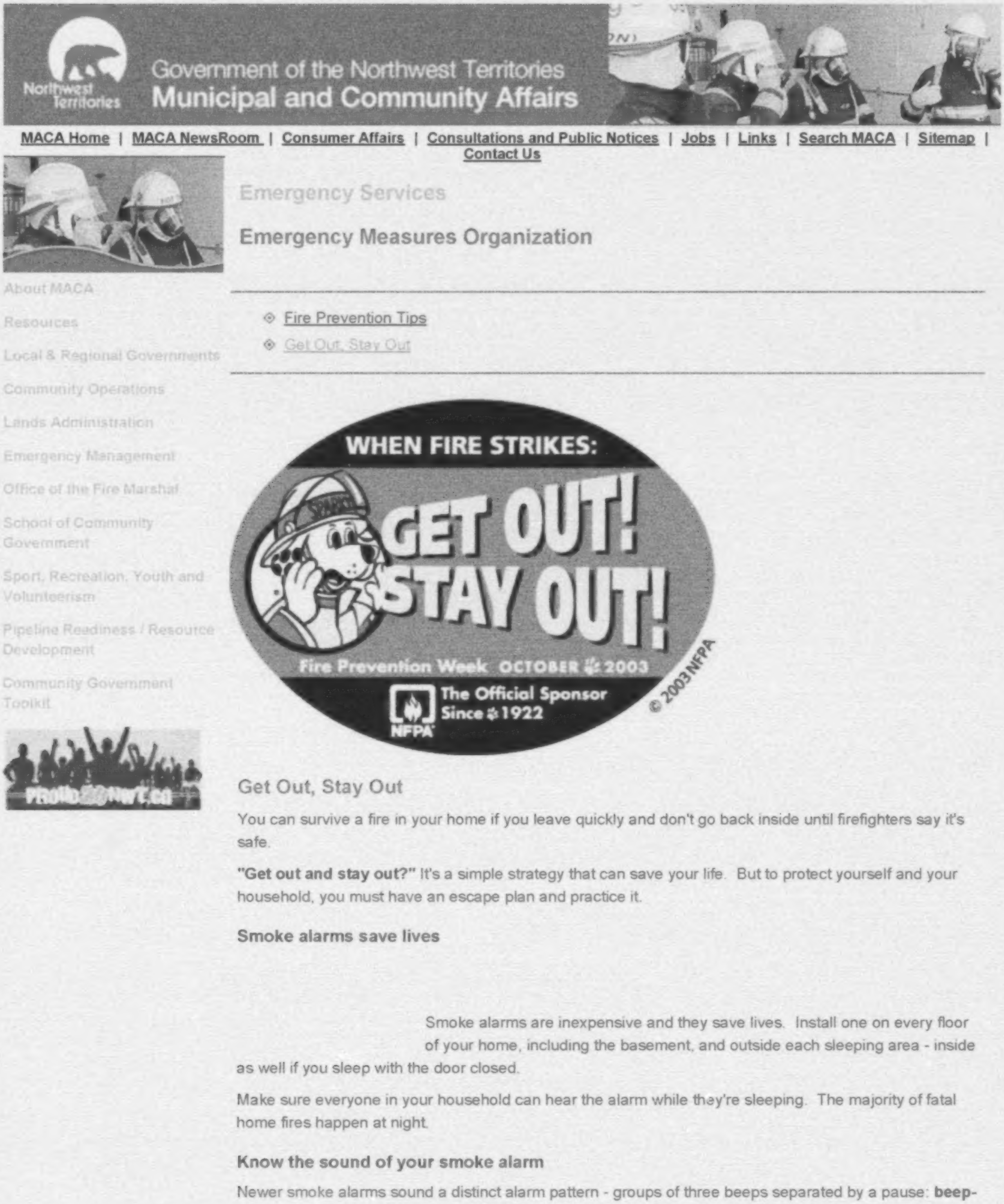
City of Ottawa, Fire Prevention and Education Www.city.ottawa.on.ca/city_services/fire

Canada Safety Council www.safety-council.org

Safe Kids Canada www.safekidscanada.ca

The Fire Marshal's Public Fire Safety Council www.firesafetycouncil.com

Adapted with permission from Fireproof Children/Prevention First. Permission is not required to make photocopies for public education purposes. Photocopies may not be sold. To purchase this resource sheet, contact the Canadian Child Care Federation, 201-383 Parkdale Ave., Ottawa, Ontario, K1Y 4R4. Phone (613) 729-5289 ext. 234 or 1-800 858-1412. Fax (613) 729-3159. Email orders@cccf-fcsge.ca. Website www.cccf-fcsge.ca. © CCCF 2004.



Government of the Northwest Territories
Municipal and Community Affairs

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- Office of the Fire Marshal
- School of Community Government
- Sport, Recreation, Youth and Volunteerism
- Pipeline Readiness / Resource Development
- Community Government Toolkit

Emergency Services

Emergency Measures Organization

- Fire Prevention Tips
- Get Out, Stay Out

Get Out, Stay Out

You can survive a fire in your home if you leave quickly and don't go back inside until firefighters say it's safe.

"Get out and stay out?" It's a simple strategy that can save your life. But to protect yourself and your household, you must have an escape plan and practice it.

Smoke alarms save lives

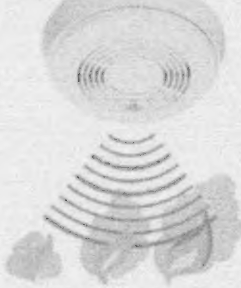
Smoke alarms are inexpensive and they save lives. Install one on every floor of your home, including the basement, and outside each sleeping area - inside as well if you sleep with the door closed.

Make sure everyone in your household can hear the alarm while they're sleeping. The majority of fatal home fires happen at night.

Know the sound of your smoke alarm

Newer smoke alarms sound a distinct alarm pattern - groups of three beeps separated by a pause: **beep-**

beep-beep . . . pause . **beep-beep-beep** . . . pause . **beep-beep-beep**. Older alarms sound a continuous tone. Be sure everyone in your home recognizes the sound of your alarms, and awakens to the sound of them when sleeping.



Be sure your alarms work

- ✓ Test your smoke alarms once a month.
- ✓ Replace alarm batteries at least once a year.
- ✓ Never "borrow" alarm batteries.
- ✓ Replace any smoke alarm that is more than 10 years old.

Plan your escape now!

There is no time to waste when the smoke alarm sounds! Smoke and heat can cause confusion. Everyone in your home must know what to do.

Know two ways out of each room

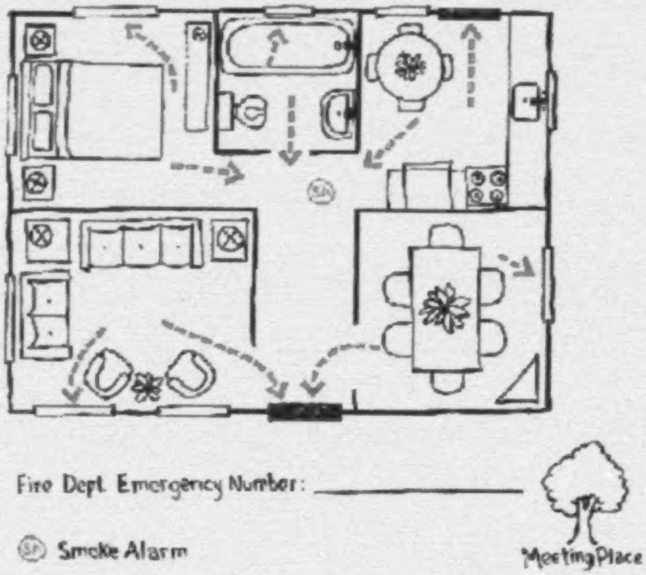
Draw a floor plan of your home showing two escape routes - including windows - from each room. Discuss the escape plan with everyone in the household.

Choose a meeting place

Decide on a meeting place outside your home where everyone will gather once you've escaped.

Practice your escape plan!

Hold home fire drills at least twice a year. Pretend some exits are blocked to make drills more realistic. Practice your escape in the dark.



When the ALARM sounds:

- ✓ Do not hesitate - leave immediately.
- ✓ If an escape is blocked by fire or smoke, use an alternate route.
- ✓ Go directly to your meeting place.
- ✓ Gather away from the building out of the way of firefighters.
- ✓ Call the fire department from a neighbour' phone or use a cell phone after you have escaped.
- ✓ Report anyone trapped inside to the fire department.
- ✓ ***Do not go back inside - for any reason - until the firefighters say it's safe.***

If you live in an apartment building:

- Learn and practisepractice your building's evacuation plan.
- Know the location of all building exits and fire alarms.
- Report any locked or blocked exits to your building's management.
- Leave immediately if you hear a smoke alarm.
- Use the stairs. Never use elevators during a fire.
- Stay where you are and wait to be rescued or move to an area away from the fire.

If you are trapped:

- Call the fire department and tell the dispatcher where you are.
- Stuff clothes or towels in the cracks around the doors.
- Wait at a window for the fire department to rescue you.
- Wave a flashlight or a large light-coloured cloth to help the firefighters find you.
- Open the window a few inches at the top and bottom to circulate fresh air. Close the window if smoke enters.

Escape tips:

- Close doors behind you as you escape to slow the spread of fire and smoke.
- If you have to escape through smoke, crawl on your hands and knees. Keep your head 0.3 to 0.6 metres (one to two feet) above the floor where the air will be the cleanest.
- Test doors, doorknobs and spaces around the door with the back of your hand. If the door is warm, try another escape route. If it's cool, open it slowly. Slam it shut if smoke enters through the door.

Remember.
Get Out! Stay Out!

http://www.maca.gov.nt.ca/safety/fire_prevention/getout/index.html

Record of Fire Drill Practices

Name of Child Care Facility:

Date of Fire Drill (m/d/yr)	Time of Fire Drill	Number of Staff	Number of Children	Number of Volunteers	Operator or staff signature

Emergency Contact Information – Children (with space for cell #)

The doctor or nurse and the alternate person to be contacted in an emergency must be the same as those listed on the Application for Enrolment - Regulation 11(2)

Child	Mum or Guardian	Dad or other	Alternate Contact	Doctor or Nurse
	Name	Name	Name	Name
	Address	Address	Address	Address
	Home #	Home #	Home #	
	Work #	Work #	Work #	Work #
	Cell #	Cell #	Cell #	
	email	email	email	email
	Name	Name	Name	Name
	Address	Address	Address	Address
	Home #	Home #	Home #	
	Work #	Work #	Work #	Work #
	Cell #	Cell #	Cell #	
	email	email	email	email
	Name	Name	Name	Name
	Address	Address	Address	Address
	Home #	Home #	Home #	
	Work #	Work #	Work #	Work #
	Cell #	Cell #	Cell #	
	email	email	email	email
	Name	Name	Name	Name
	Address	Address	Address	Address
	Home #	Home #	Home #	
	Work #	Work #	Work #	Work #
	Cell #	Cell #	Cell #	
	email	email	email	email
	Name	Name	Name	Name
	Address	Address	Address	Address
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	email	email	email	email

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	Work #	Work #	Work #	Work #
	email	email	email	email
	Name	Name	Name	Name
	Address	Address	Address	Address
	Home #	Home #	Home #	
	Work #	Work #	Work #	Work #
	email	email	email	email
	Name	Name	Name	Name
	Address	Address	Address	Address
	Home #	Home #	Home #	
	Work #	Work #	Work #	Work #
	email	email	email	email
	Name	Name	Name	Name
	Address	Address	Address	Address
	Home #	Home #	Home #	
	Work #	Work #	Work #	Work #
	email	email	email	email
	Name	Name	Name	Name
	Address	Address	Address	Address
	Home #	Home #	Home #	
	Work #	Work #	Work #	Work #
	email	email	email	email

Emergency Contact Information – Community Services

Post this list beside all telephones

Name of Organization	Phone Number	Alternate Number or Fax	Address
Nursing Station or Public Health			
Hospital Emergency Room			
Poison Information Centre			
Ambulance			
Taxi			
Taxi			
Taxi			
Fire Department			
RCMP			
Child Protection Worker			

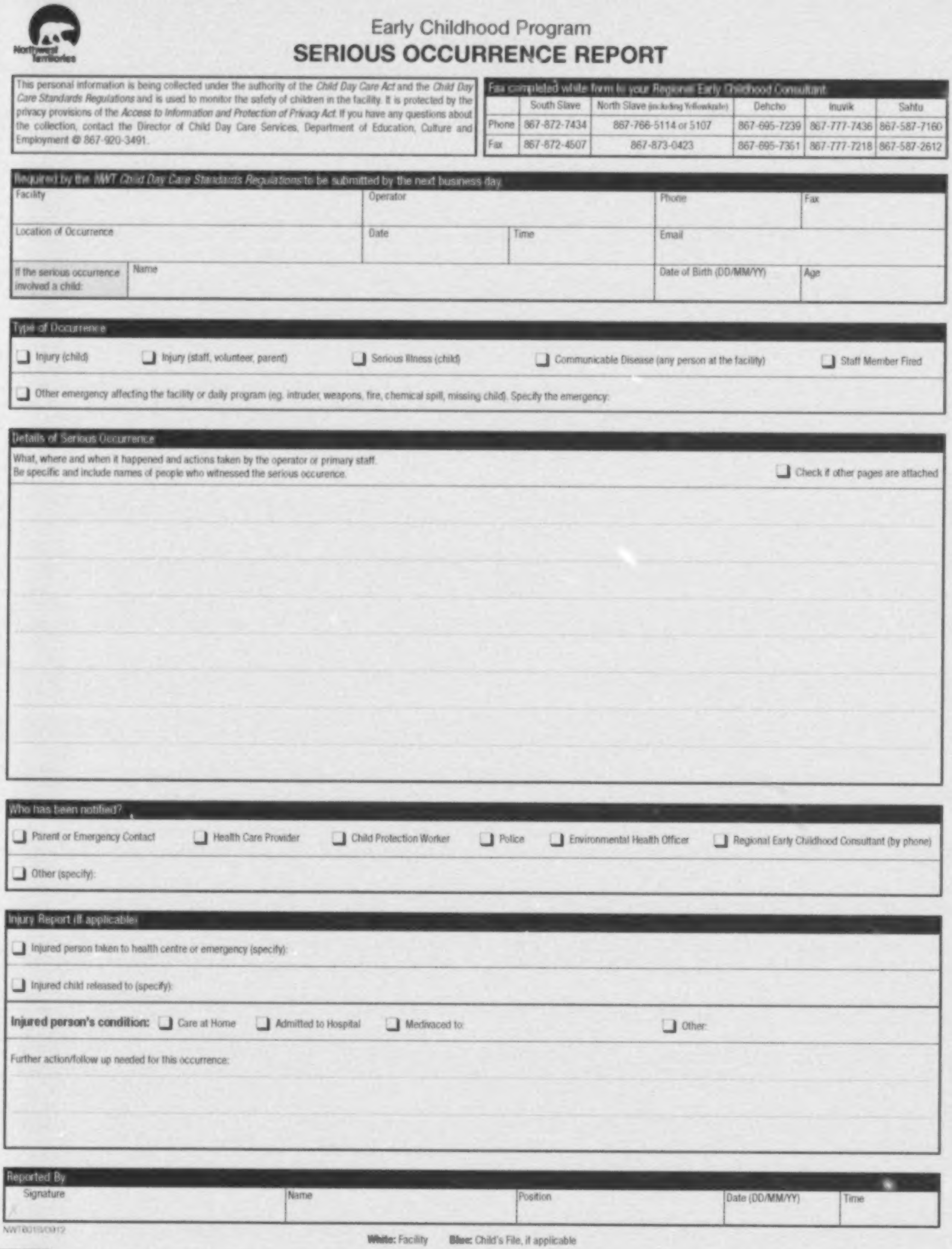
✂ cut here--✂ cut here

Emergency Contact Information – Staff

Post this list so that it is accessible to staff but not in a public place

Name	Phone Number	Alternate Number	Address	e-mail

Regulation 58 Injured Child Procedures



Northwest Territories

Early Childhood Program

SERIOUS OCCURRENCE REPORT

This personal information is being collected under the authority of the *Child Day Care Act* and the *Child Day Care Standards Regulations* and is used to monitor the safety of children in the facility. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Director of Child Day Care Services, Department of Education, Culture and Employment @ 867-920-3491.

Fax completed white form to your Regional Early Childhood Consultant

	South Slave	North Slave (including Yellowknife)	Dehcho	Inuvik	Sahtu
Phone	867-872-7434	867-766-5114 or 5107	867-695-7239	867-777-7436	867-587-7160
Fax	867-872-4507	867-873-0423	867-695-7351	867-777-7218	867-587-2612

Required by the NWT *Child Day Care Standards Regulations* to be submitted by the next business day.

Facility	Operator	Phone	Fax
Location of Occurrence	Date / Time	Email	
If the serious occurrence involved a child:	Name	Date of Birth (DD/MM/YY)	Age

Type of Occurrence

☐ Injury (child) ☐ Injury (staff, volunteer, parent) ☐ Serious Illness (child) ☐ Communicable Disease (any person at the facility) ☐ Staff Member Fired

☐ Other emergency affecting the facility or daily program (eg. intruder, weapons, fire, chemical spill, missing child). Specify the emergency:

Details of Serious Occurrence

What, where and when it happened and actions taken by the operator or primary staff.
Be specific and include names of people who witnessed the serious occurence.

☐ Check if other pages are attached

Who has been notified?

☐ Parent or Emergency Contact ☐ Health Care Provider ☐ Child Protection Worker ☐ Police ☐ Environmental Health Officer ☐ Regional Early Childhood Consultant (by phone)

☐ Other (specify):

Injury Report (if applicable)

☐ Injured person taken to health centre or emergency (specify):

☐ Injured child released to (specify):

Injured person's condition: ☐ Care at Home ☐ Admitted to Hospital ☐ Medivaced to: ☐ Other:

Further action/follow up needed for this occurrence:

Reported By

Signature	Name	Position	Date (DD/MM/YY)	Time

NWT8015/0912

White: Facility **Blue:** Child's File, if applicable

Serious occurrences must be reported to the Director of Child Day Care Services in accordance with *Child Day Care Standards (2013)* Regulation 13, and if the serious occurrence involved a specific child or children, a copy of the Serious Occurrence Report must be kept in the child's (children's) file(s) in accordance with Regulation 11(4)(f).

13(1)

An operator shall, in accordance with any guidelines established by the Director, complete a written report on the following occurrences:

(a) any accident causing injury:
  (i) at the child day care facility during the hours of operation of the facility;
  (ii) at any other location used in the delivery of the daily program while the location is being used for that purpose;

(b) any serious incident:
  (i) at the child day care facility;
  (ii) at any other location used in the delivery of the daily program;

(c) any injury to a child, or any onset of serious illness in a child, during the hours of his or her attendance at the child day care facility or any other location as part of the daily program;

(d) the presence at the child day care facility of any person who has a communicable disease.

13(2)

An operator shall provide a copy of the report to the Director no later than the next business day after the identification of an occurrence referred to in subsection (1).

11(4)

An operator shall maintain a file for each child...that includes the following:

(f) any reports referred to in section 13*

*if the report involves a specific child or children

Fax the Serious Occurrence Report to the Regional Early Childhood Consultant in your region. The Regional Consultant will inform the Director of the report.

If the serious occurrence is a case of suspected child abuse do not complete a serious occurrence report. Child abuse must be reported to a Child Protection Worker or RCMP as required by Regulation 10(2) and the *Child and Family Services Act.*

SECTION 18

REGULATIONS 59 TO 65

OPERATOR, STAFF AND VOLUNTEER REQUIREMENTS

Section 18

Regulations 59 to 65

OPERATOR, STAFF AND VOLUNTEER REQUIREMENTS

Centre operators

This section explains the things operators have to do when they hire staff to operate the facility and/or deliver the daily program. Operators must:

- have written job descriptions for all staff
- hire staff who are competent – able to carry out the duties of the job description
- clearly identify each staff person as either a primary staff person or a support staff person

This section also describes staff qualifications and expectations:

- primary staff must meet a number of requirements, including age, education, first aid and CPR
- support staff must be at least 16 years old
- all staff must be able to work effectively with children, understand their role in the delivery of the daily program and operation of the facility, and must take training each year

Family day home operators

Family day home operators do not hire staff, but under these Regulations they are considered primary staff persons and must:

- be at least 19 years old
- demonstrate the ability to care for children in a manner that matches the children's development
- take training each year

All operators

This section explains limits on the use of volunteers

REGULATION 59(1)

Job Descriptions for All Staff in a Centre

REGULATION 59(2)

Competency of Staff in a Centre

59(1)
An operator of a centre day care facility shall ensure that a job description is provided for each staff person working in the facility that identifies the staff person as a primary staff person or a support staff person and indicates whether he or she is involved in the delivery of the daily program.

59(2)
A staff person at a centre day care facility must be competent to fulfill the functions described in his or her job description.

Why

- To clearly outline the roles, responsibilities, qualifications and expectations for all staff hired to work in a child care centre.

What it means

- This regulation applies only to operators of centres. (Family day home operators do not hire staff.)
- The operator must have a written job description for each staff person.
- Each job description must state if it is for a primary staff person or a support staff person.
- Primary staff persons are responsible for the care, instruction and supervision of children – through the daily operation of the facility and the delivery of the early childhood program.
- Support staff persons are supervised by primary staff persons and they assist the primary staff with:
  - the delivery of the daily program, or
  - the operation of the facility (e.g. cook), or
  - both.
- All staff must have the knowledge and skills required to be able to carry out the duties and responsibilities described in their job description.

Related regulations

- 1: Definition of primary staff person and support staff person.
- 62(1): All staff must understand their role in meeting the goals and objectives of the early childhood program and must understand the how the facility operates (e.g. routines, evacuation procedures).
- 71(2) and (3): One primary staff person must be identified to communicate with the Director, and one primary staff person must be identified as being in charge of the day to day operation of the facility.
- 76: The operator must keep a personnel file for each staff person. The file includes all documentation related to the person's employment, including a copy of the job description.

How to...

- ✓ Develop job descriptions for each primary staff and each support staff with clear roles and responsibilities.
- ✓ Make sure the qualifications section in all job descriptions includes the following requirements – these are not optional:
  - minimum age 19 for primary staff (Regulation 61(1)) and 16 for support staff (Regulation 61(4)),
  - proof of immunizations and a tuberculosis test before starting work (Regulation 46),
  - a criminal record check, including a vulnerable sector search, before starting work and updated every three years (Regulation 66(1)(a) and 67(1)(a)),
  - a statement regarding any outstanding criminal charges and the nature of those charges, before starting work, and updated each year (Regulation 66(1)(b) and 67(1)(b)).
- ✓ When developing a job description for a primary staff person, make sure the qualifications section includes the following requirements of Regulation 61(1) and (2):
  - minimum age 19,
  - post-secondary qualifications in Child Development, or the approval of the Director,
  - the requirement to follow the code of ethics of a professional child care provider,
  - certification in infant and child cardiopulmonary resuscitation (CPR), approved by the Director,
  - certification in first aid, approved by the Director.
- ✓ If primary staff are expected to orient and evaluate support staff make sure those duties are included in the job description.
- ✓ When developing a job description for a support staff person to assist with the delivery of the daily program, match the duties and qualifications with the written program goals and objectives that were included with the Application for a Licence (Regulation 2(4)(a)).
- ✓ For all primary staff and all support staff involved in the delivery of the daily program, include the requirement of annual training as one of the expectations (Regulation 62(2)),
- ✓ Remember that being a parent or grandparent – "I raised 6 children" – does not automatically mean a person has the knowledge or skills to carry out the duties required by a job description.
- ✓ Use the job description when you develop interview questions – in other words ask questions that are relevant to the duties described in the job description.
- ✓ When orienting new staff go through the job description, discuss the duties and encourage questions.
- ✓ Have each staff member sign their job description to indicate that they understand and agree to carry out the duties of the job description.
- ✓ When you hire staff, start with a probationary period – for example three to six months. After the probationary period, if you are satisfied that they are competent to carry out the duties of the job description you can confirm that the person is hired. If you are not satisfied that they are competent to carry out the duties of the job description you can either develop an improvement plan or decide not to extend the person's employment beyond the probationary period.
- ✓ Keep a copy of each staff member's signed job description in the staff member's personnel file (Regulation 76).

Resources

Section Resources
Sample Job Description –
Primary Staff Person R18-1
Sample Job Description –
Support Staff Person R18-4

REGULATION 60

Interpersonal Skills of Staff

> A staff person who works in a child day care facility when children are present must, in respect of children of the age being cared for by the staff person, have the ability to:
> (a) interact effectively with the children; and
> (b) build healthy relationships with the children.

Why

◆ Children need to be cared for by adults with whom they have a positive, healthy relationship.

What it means

- ☞ This regulation applies to all primary and support staff, including operators of family day homes.
- ☞ All staff and the operator of a family day home must have the interpersonal skills to build healthy relationships with children and work effectively with them.
- ☞ The exact way that staff and the operator of a family day home interact with children must be appropriate to the age of the child, and will change as the child gets older.

How to...

Centre operators

- ✓ When hiring staff, look for people who genuinely like children and enjoy spending time with them.
- ✓ Look for staff who are mature, who communicate openly, and who listen.
- ✓ Look for staff who have previous experience taking care of children; ask for references from employers or the parents of children they have taken care of.

Resources

📖 ECERS-R
Interactions: 32 Staff-child interactions

📖 *Well Beings: A Guide to Health in Child Care (3rd edition)*
Chapter 12: Children's Emotional Well-Being
> Creating emotional attachment and security through daily care
Order from www.caringforkids.cps.ca
> Bookstore

REGULATION 61(1)

Qualifications for Primary Staff in a Centre

An operator of a centre day care facility shall ensure that a primary staff person:

(a) be not less than 19 years of age;

(b) has successfully completed a post-secondary program in child development satisfactory to the Director or demonstrate, to the satisfaction of the Director, an understanding of developmentally appropriate practices in respect of children and the ability to apply that understanding in the operator's child day care program; and

(c) has an understanding of the role, responsibilities and ethics of a professional child care provider; and

(d) fulfills the role, responsibilities and ethics of a professional child care provider in accordance with any guidelines approved by the Director.

Why

- Primary staff must be able to provide care, instruction and supervision appropriate for each child's age and level of development.
- Primary staff must have the maturity, knowledge and skills necessary to manage their responsibilities in a professional and ethical manner.

What it means

- This regulation applies to primary staff persons in centres. (Family day home operators, see Regulation 63(1).)
- Primary staff persons must be 19 years of age or older.
- 'Developmentally appropriate practices' means that the care, instruction and supervision of children must match the children's ages, and more importantly, their developmental levels.
- 'Professional child care provider' means someone whose life work is focused on learning as much as they can about child development and using that knowledge to help children develop in all areas – social, emotional, physical, intellectual.
- People with a post-secondary certificate, diploma or degree in child development would meet the requirements of this regulation.
- People without a post-secondary certificate, degree or diploma in child development could still meet the requirements of this regulation, but they need to demonstrate to the Director that they have the required knowledge and skills, as well as the ability to apply that knowledge and skills when working with children. (Having a number of children, and even grandchildren, does not automatically mean a person is "qualified".)
- Primary staff persons must be guided by the code of ethics of a professional child care provider, as determined by the Director. See How to… and Resources, next page.

Related regulations

⇔ 59(1): The operator must have a job description for each primary staff person. The qualifications section of these job descriptions should specify the expectations in the shaded box.

⇔ 61(2): Additional requirements for primary staff include certification in first aid and infant/child CPR.

⇔ 66 and 67: Additional requirements for all staff include a:

- criminal record check including a vulnerable sector search, before starting work and updated every three years,
- statement about whether or not a person has any outstanding criminal charges, along with details of any charges, before starting work and updated every year.

How to...

✓ Ask prospective primary staff persons for proof of age as well as proof of qualifications. For example if someone has a Certificate in Child Development make a copy of the certificate or other proof from the institution that the person attended and keep it in the staff person's personnel file (Regulation 76).

✓ If a prospective staff person has *not* completed a post-secondary program in child development but you want to hire them as a primary staff person:

- Give the Regional Consultant:
  - proof of any courses, workshops, seminars or any other training that the person has related to child development,
  - proof of previous work or other experiences in child care,
  - any other relevant information, including reference letters.
- If the Director is satisfied with these documents the person will be allowed to start work as a primary staff person.
- The Director (through the Regional Consultant) will arrange to observe the person's work over the first few months of employment, or as early as possible thereafter, to give the person the opportunity to show that they can perform the duties outlined in the job description.

✓ If you cannot find a primary staff person with post-secondary qualifications or if, after observing the person's work, the Director is not satisfied with the person's knowledge and application of that knowledge when carrying out the duties of a primary staff person:

- write to the Minister, citing Section 38(3) of the *Child Day Care Act*, asking for an exemption from Regulation 61(1)(b),
- inform all parents that the primary staff person does not yet have the qualifications required by the *Child Day Care Standards Regulations*,
- have all parents sign a statement saying they understand that the primary staff person does not yet have the qualifications required by the Regulations, but are satisfied that the health, safety and well-being of their child is not endangered,
- provide a written plan to the Director outlining how you intend to develop the primary staff person's knowledge and/or skills and/or performance of the duties of the job description.

✓ Ensure that all primary staff adhere to the standard for professional child care providers approved by the Director — the Code of Ethics of the Canadian Child Care Federation. (See Resources.)

Resources

Canadian Child Care Federation (CCCF) Code of Ethics for Early Childhood Educators (Summary)

The CCCF Code of Ethics is intended to guide the actions of child care providers and protect the children and families with whom they work.

Child care practitioners:

- promote the health and well-being of all children,
- create environments that meet individual children's needs and facilitate the development of the whole child,
- demonstrate caring for all children in all aspects of their practice,
- work in partnership with parents, supporting them in meeting their responsibilities to their children,
- work in partnership with other staff and other service providers in the community to support the well-being of children and their families,
- work in ways that enhance human dignity through relationships that respect the worth and uniqueness of the individual,
- pursue, on an on-going basis, the knowledge, skills, and self- awareness needed to be professionally competent,
- demonstrate integrity in all professional relationships.

Section Resources

CCCF Full Code of Ethics – includes examples of what each principle of the Code of Ethics looks like in practice R18-7

REGULATION 61(2)

Additional Requirements for Primary Staff in a Centre

REGULATION 61(3)

Temporary Exemption from 61(2)

> 61(2)
>
> An operator of a centre day care facility shall, subject to subsection (3), ensure that a primary staff person holds:
>
> (a) certification in infant and child cardiopulmonary resuscitation (CPR) from a program satisfactory to the Director; and
>
> (b) certification in first aid from a program satisfactory to the Director.
>
> 61(3)
>
> The Director may exempt a person from holding the certification referred to in subsection (2) for a specified period of time after the date the person commences work as a primary staff person, in order to allow the person to obtain the certification.

Why

◆ Primary staff persons need to be able to respond quickly and effectively to many different emergencies, including choking, accidents, near-drowning, suffocation, poisoning, smoke inhalation, electrocution injuries, and suspected Sudden Infant Death Syndrome (SIDS).

What it means

- This regulation applies only to primary staff persons in centres. (Family day home operators, see Regulation 63(2) and (3).)
- All primary staff persons must be certified in both CPR and first aid.
- CPR is a combination of mouth-to-mouth breathing and chest compressions. If a child isn't breathing or circulating blood adequately, CPR can help get oxygen-rich blood to the brain. Without oxygen, permanent brain damage or death can occur in less than 8 minutes.
- The CPR certification must be specifically for infants and children.
- First aid is emergency treatment of an injured or sick child before professional medical assistance is available.
- The CPR and first aid certification programs must be approved by the Director.
- The Director *may* allow a person to start work without the required certifications. If this happens the Director will set a date by which the person must obtain the required certifications.

How to...

✓ *Before* taking a course check with your Regional Consultant to see if a CPR or first aid program is satisfactory to the Director.

✓ Make sure primary staff keep their CPR and First Aid certifications up-to-date and take refresher courses before their certifications expire.

✓ Keep a copy of all current certificates in each staff person's personnel file (Regulation 76).

✓ If the Director allows a person to start work without the required certifications be prepared to get the certifications quickly. Don't expect a long period of exemption – children's safety is at stake.

REGULATION 61(4)

Minimum Age for Support Staff in a Centre

An operator of a centre day care facility shall ensure that a support staff person is not less than 16 years of age.

Why

◆ To ensure that children are supervised, cared for and taught by staff who are mature.

What it means

☞ This regulation applies only to operators of centres. (Family day home operators do not hire support staff.)

☞ Support staff must be at least 16 years of age.

Related regulations

⇔ 59(1): The operator must have a job description for each support staff. The qualifications section of these job descriptions should specify that the person has to be at least 16 years old.

How to...

✓ Ask for proof of age when hiring support staff.

✓ Keep a copy of the support staff person's proof of age in their personnel file (Regulation 76).

REGULATION 62(1)

Basic Expectations of All Staff in a Centre

An operator of a centre day care facility shall ensure that each staff person working at the facility:
(a) understands his or her role in fulfilling the goals and objectives of the operator's child day care program; and
(b) has an understanding of the operation of the facility.

Why

◆ In order to work effectively with children and coworkers all staff, including support staff, need to know what their role is in meeting the goals and objectives of the early childhood program.

◆ All staff, including support staff, need to be aware of the routines and procedures of the facility, the location of emergency equipment, and the behaviours that are expected of both children and staff.

What it means

☞ This regulation applies only to operators of centres. (Family day home operators do not hire staff.)

☞ The operator must train or orient new staff so that each staff person understands:
- his or her role in meeting the goals and objectives of the early childhood program, and
- how the facility operates – such as routines, emergency procedures, the location and use of emergency equipment, and behaviour expectations.

☞ This is the only regulation about staff duties that addresses the expectations of all staff, including support staff. (Other regulations regarding staff expectations address primary staff only.)

How to...

✓ Make sure all new staff receive a thorough orientation to the goals and objectives of the early childhood program and the operation of the facility. Use the job description to go over the expected duties.

✓ When orienting new support staff:
- explain emergency evacuation procedures (Regulation 56(1)),
- make sure the person knows the location of the first aid kit (Regulation 55(2)(b)), the fire extinguisher (Regulation 55(1)), and the list with emergency contact information (Regulation 57),
- make sure the person knows how to use the fire extinguisher,
- explain behaviour expectations for both staff and children (Regulations 23(1), (2), (3) and (4)),
- review the goals and objectives of the early childhood program (Regulation 2(4)(a)),
- go over the daily program (Regulation 24) and their role in its delivery, and show the person where it is posted,
- go over the list of children with allergies and medical concerns and show the person where it is posted,
- be clear if there are things you do not want the person to do.

✓ While support staff work under the supervision of primary staff, occasionally they may have to work without direct supervision – for example when assisting a soiled child in the washroom.

REGULATION 62(2)

Annual Training for All Staff Delivering The Daily Program in a Centre

> An operator of a centre day care facility shall ensure that each staff person working at the facility who participates in the delivery of the daily program, undertakes training in relation to child development and care on an annual basis through appropriate courses, seminars or workshops, and the operator shall retain documentation respecting attendance of staff persons at such training.

Why

- ◆ A quality early childhood program is dependent on the knowledge and skills of the staff.
- ◆ Ongoing staff development ensures that staff continue to develop knowledge and skills that reflect current research and best practices in early childhood education.

What it means

- ☞ This regulation applies only to operators of centres. (Family day home operators, see Regulation 64.)
- ☞ The operator must ensure that all primary staff persons take courses or attend seminars or workshops related to child development and care each year.
- ☞ The operator must ensure that all support staff persons who help with the delivery of the daily program take courses or attend seminars or workshops related to child development and care each year.
- ☞ Support staff who do not participate in the delivery of the daily program, such as a cook or janitor, do not have to take annual training.
- ☞ Seminar means a conference or other meeting for discussion or training.
- ☞ The operator must keep documentation (or proof) that a person took annual training.

How to...

- ✓ Identify the training needs of each staff person based on each person's current qualifications, experience, job description and job goals. Don't assume that everyone needs the same course or workshop.
- ✓ Use performance appraisals and inspection reports to pinpoint areas needing improvement and to individualize staff development.
- ✓ Keep records of staff development participation in each staff person's personnel file (Regulation 76).
- ✓ Set up coaching, mentoring or peer support programs so that staff can learn from each other.
- ✓ Ask the Regional Consultant for help identifying courses, workshops, conferences and other staff development opportunities.
- ✓ Provide lieu time and/or pay while staff participate in staff development.
- ✓ Tie pay raises and additional responsibilities, if appropriate, to the staff development activities, particularly if a staff person is taking courses that lead to a post-secondary certificate, diploma or degree in child development.
- ✓ Training programs can be delivered by program operators, the Regional Consultant, Aurora College and/or other educational institutions, community members or agencies.

Resources

ECERS-R
Parents and Staff: 40 Provisions for professional needs of staff

Canadian Child Care Federation
www.cccf-fcsge.ca
> Professional Development
> Resource Library (choose from various resources/workshops, including)
> Tools to Enhance Partnerships in Support of Children's Social Well-Being
> Choose from a list of seven workshops

Section Resources
Keeping Current Through Lifelong Learning R18-6

REGULATION 63(1)

Qualifications for a Family Day Home Operator

An operator of a family home day care facility must:
(a) be at least 19 years of age;
(b) demonstrate, to the satisfaction of the Director, an understanding of developmentally appropriate practices in respect of children and the ability to apply that understanding in the operator's child day care program;
(c) have an understanding of the role and responsibilities and the ethics required of a professional child care provider; and
(d) fulfill the role, responsibilities and ethical requirements of a professional child care provider in accordance with any guidelines approved by the Director.

Why

- Family day home operators must be able to provide care, supervision and instruction to children that is appropriate for each child's age and level of development.
- Family day home operators must have the maturity, knowledge and skills necessary to manage their responsibilities in a professional and ethical manner.

What it means

- This regulation applies only to operators of family day homes. (Centre operators, see Regulation 61(1).)
- Family day home operators are considered primary staff persons, as defined in Regulation 1.
- Family day home operators must be 19 years of age or older.
- 'Developmentally appropriate practices' means that the care, instruction and supervision of children must match the children's ages, and more importantly, their developmental levels.
- 'Professional child care provider' means someone whose life work is focused on learning as much as they can about child development and using that knowledge to help children develop in all areas – social, emotional, physical, intellectual.
- Family day home operators must be guided by the code of ethics of a professional child care provider, as determined by the Director. See How to… and Resources, next page.

Related regulations

63(2): Additional requirements include certification in first aid and infant/child CPR.

2(4)(j) and 68: Additional requirements include, for the operator and all adults living in the home, a:

- criminal record check including a vulnerable sector search, with the Application for a Licence and updated every three years,
- statement, about whether or not a person has any outstanding criminal charges, along with details of any charges, with the Application for a Licence and updated every year.

How to...

✓ Adhere to the standard for professional child care providers approved by the Director – the Code of Ethics of the Canadian Child Care Federation (CCCF). (See Resources.)

Resources

Canadian Child Care Federation (CCCF) Code of Ethics for Early Childhood Educators (Summary)

The CCCF Code of Ethics is intended to guide the actions of child care providers and protect the children and families with whom they work.

Child care practitioners:

- promote the health and well-being of all children,
- create environments that meet individual children's needs and facilitate the development of the whole child,
- demonstrate caring for all children in all aspects of their practice,
- work in partnership with parents, supporting them in meeting their responsibilities to their children,
- work in partnership with other staff and other service providers in the community to support the well-being of children and their families,
- work in ways that enhance human dignity through relationships that respect the worth and uniqueness of the individual,
- pursue, on an on-going basis, the knowledge, skills, and self- awareness needed to be professionally competent,
- demonstrate integrity in all professional relationships.

Section Resources
CCCF Full Code of Ethics –
includes examples of what
each principle of the Code of Ethics
looks like in practice R18-7

REGULATION 63(2)

Additional Requirements for a Family Day Home Operator

REGULATION 63(3)

Temporary Exemption from 63(2)

63(2)
Subject to subsection (3), an operator of a family home day care facility must hold:
(a) certification in infant and child cardiopulmonary resuscitation (CPR) from a training program that is satisfactory to the Director; and
(b) certification in first aid from a training program that is satisfactory to the Director.

63(3)
The Director may exempt a person from holding the certification referred to in subsection (2) for a specified period of time after the date the person commences work as an operator in order to allow the person to obtain the certification.

Why

◆ Family day home operators need to be able to respond quickly and effectively to many different emergencies, including choking, accidents, near-drowning, suffocation, poisoning, smoke inhalation, electrocution, injuries, and suspected Sudden Infant Death Syndrome (SIDS).

What it means

☞ This regulation applies only to operators of family day homes. (Centre operators, see Regulation 61(2) and (3).)

☞ The family day home operator must be certified in both CPR and first aid.

☞ CPR is a combination of mouth-to-mouth breathing and chest compressions. If a child isn't breathing or circulating blood adequately, CPR can help get oxygen-rich blood to the brain. Without oxygen, permanent brain damage or death can occur in less than 8 minutes.

☞ The CPR certification must be specifically for infants and children.

☞ First aid is emergency treatment of an injured or sick child before professional medical assistance is available.

☞ The CPR and first aid certification programs must be approved by the Director.

☞ The Director *may* allow the operator to operate the family day home without the required certifications. If this happens the Director will set a date by which the operator must obtain the required certifications.

How to...

✓ *Before* taking a course check with the Regional Consultant to see if a CPR or first aid program is satisfactory to the Director.

✓ Make sure you keep your CPR and First Aid certifications up-to-date and take refresher courses *before* the certifications expire.

✓ Keep a copy of all current certificates on file (Regulation 77).

✓ If the Director allows you to operate the family day home without the required certifications be prepared to get the certifications quickly. Don't expect a long period of exemption – children's safety is at stake.

REGULATION 64

Annual Training for a Family Day Home Operator

An operator of a family home day care facility shall undertake training in relation to child development and care on an annual basis through appropriate courses, seminars or workshops, and shall retain documentation respecting attendance at such training.

Why

- ◆ A quality early childhood program is dependent on the knowledge and skills of the people who work with children.
- ◆ Ongoing professional development ensures that family day home operators continue to develop knowledge and skills that reflect current research and best practices in early childhood education.

What it means

- ☞ This regulation applies only to operators of family day homes. (Centre operators, see Regulation 62(2).)
- ☞ The operator must take courses or attend seminars or workshops related to child development and care each year.
- ☞ Seminar means a conference or other meeting for discussion or training.
- ☞ The operator must keep documentation (or proof) of annual training.

How to...

- ✓ Identify your training needs based on your current qualifications, experience, and career goals.
- ✓ Use feedback from parent's to help identify areas for development.
- ✓ Use inspection reports to help identify areas for development.
- ✓ Ask the Regional Consultant for help identifying courses, workshops, conferences and other development opportunities.

Resources

📖 ECERS-R
Parents and Staff: 40 Provisions for professional needs of staff

📖 Canadian Child Care Federation
www.cccf-fcsge.ca
> Professional Development
> Resource Library (choose from various resources/workshops, including)
> Tools to Enhance Partnerships in Support of Children's Social Well-Being
> Choose from a list of seven workshops

📖 Section Resources
Keeping Current Through Lifelong Learning R18-6

REGULATION 65

Limited Use of Volunteers

> An operator may permit a volunteer to participate in the daily program at a child day care facility on a temporary basis or for short periods of time on a regular basis.

Why

- Volunteers can enhance the early childhood program but the operator should not depend on them.
- Unlike staff persons and operators who work in the facility, volunteers do not have the qualifications shown in a job description such as education, experience, immunizations, a tuberculosis test or a criminal record check.

What it means

- This regulation applies to all operators.
- A volunteer is someone, including a parent, who participates in the daily program without being paid.
- The operator can use volunteers to help at the facility on a temporary basis – for example to help on a field trip, or they can help at the facility for short periods of time on a regular basis – for example to read stories to a child, or small group once a week.
- The operator *cannot* use volunteers to help at the facility full time.
- This regulation is NOT meant to limit or restrict parent visits or participation; it is meant to set a limit on the degree to which the operator relies on volunteers to help deliver the daily program.
- If a volunteer is helping a centre for more that the time shown in the shaded box, he or she should be hired as staff person who meets the requirements and carries out the duties of a job description.

Related regulations

- 39(2), (3) and (4): The operator must welcome and encourage parents to participate in the daily program except when there is a court order or agreement restricting parent access, or when the operator has concerns based on a previous visit and the Director agrees that a parent should not be allowed to visit or participate.
- 70(b): When volunteers work with children they must be within sight of and supervised by a primary staff person, or in the case of a family day home, by the operator.

How to...

- ✓ Show volunteers around the facility, and go over the daily program, routines and emergency procedures before they start helping at the facility.
- ✓ Give volunteers a clearly defined role within the facility.
- ✓ If there are things that you do not want volunteers to do – for example changing diapers – make that clear too.
- ✓ Subject to Regulations 39(3) and (4), welcome parents to visit at any time – for example to have lunch with their child.

Centre operators

- ✓ Introduce volunteers to staff.
- ✓ Make sure staff know what you have asked volunteers to do, and not to do.

Resources

Not-for-Profit Child Care Centres in the Northwest Territories: Board Administration and Management Manual
Chapter 6, Section 1: Volunteers

Sample

Red Raven Child Development Centre

JOB DESCRIPTION*

Job Title: Supervisor

Position Type*: Primary Staff

Qualifications and Requirements:

- Completion of a post-secondary program in Early Childhood Education or Child Development – certificate, or diploma or degree – or approval of the Director of Child Day Care*
- Minimum of five years experience in child care is an asset
- Staff supervisory experience is an asset
- Current First Aid and infant/child CPR certifications*
- Satisfactory criminal record check, including a vulnerable sector search, completed by the RCMP*
- Statement about whether or not there are any outstanding criminal charges, and details*
- Up-to-date immunizations*
- Tuberculosis screening*

* required by the NWT *Child Day Care Standards Regulations*

Job Summary:
The Supervisor is responsible for the day-to-day operation of the child care centre by:

- carrying out policies and procedures established by the operator,
- ensuring adequate care, supervision and a developmentally appropriate program for children, and
- ensuring a safe environment for children and staff.

Job Duties:

1. Develop and implement a daily program that meets the goals and objectives of the operator, and the daily program requirements in the *Child Day Care Standards Regulations.* Main duties:
    a. Plan and implement activities to meet the operator's goals and the cultural, physical, emotional, intellectual and social needs of the children in the program
    b. Develop weekly and monthly schedules of the daily program that ensure variety
    c. Keep parents informed of program expectations, program activities and their child's progress
    d. Ensure the provision of nutritious snacks and lunches
    e. Ensure the provision of adequate rest, nap or quiet time
    f. Advise the operator of equipment and maintenance needs
    g. Ensure equipment and the facility are clean, and safe at all times

   h. Develop after school care programs for older children
2. Supervise and develop child care staff. Main duties:
   a. Recruit and hire child care staff
   b. Ensure that all staff are familiar with emergency procedures and equipment
   c. Supervise, coach and encourage staff
   d. Evaluate staff performance
   e. Take corrective action when necessary
   f. Assess training needs
   g. Identify and recommend to the operator opportunities for training and development
3. Supervise the children attending the facility. Main duties:
   a. Ensure that children are supervised at all times
   b. Assign staff to ensure required staff:child ratios
4. Establish routines and procedures consistent with the operator's policies. Main duties:
   a. Identify and teach positive behaviours expected of children
   b. Adjust expectations to match the development levels of the children
   c. Establish and teach clear routines – e.g. for snacks, outdoor play, etc.
   d. Correct children using positive discipline
5. Communicate regularly with parents and encourage their participation. Main duties:
   a. Keep parents informed of their child's progress and participation in the daily program
   b. Establish regular communication with parents – e.g. newsletter or bulletin board
   c. Identify opportunities for parents to be involved in the daily program, and encourage them to do so
6. Manage the administrative tasks of the facility. Main duties:
   a. Develop and maintain current, accurate and confidential files for all children attending the facility
   b. Develop and maintain current, accurate and confidential files for all staff
   c. Keep accurate attendance records for all children attending the facility
   d. Prepare and monitor a budget for the facility
   e. Approve purchases within spending limits established by the operator
   f. Keep receipts for all purchases
   g. Receive, record and deposit fees from parents and guardians
   h. Provide receipts and all records of financial transactions to the operator for preparation of financial statements
7. Pursue ongoing professional development through appropriate courses, seminars or workshops.
8. Perform other duties as required.

Sample

Required Knowledge, Skills And Abilities:

Knowledge required

- child development theories and practices
- safe and appropriate environment and activities for children
- relevant legislation, policies and procedures to ensure that children are supervised and safe at all times
- financial management
- human resources management
- child program development, implementation and evaluation
- an understanding of the northern cultural environment

Skills required

- team building
- supervisory
- analytical and problem solving
- decision making
- effective verbal and listening communication
- stress management
- time management
- financial management
- human resources management
- administrative

Personal Attributes required

- be able to maintain strict confidentiality in performing duties
- be respectful
- possess cultural awareness and sensitivity
- be flexible
- demonstrate sound work ethics
- be consistent and fair
- be compassionate and understanding
- be able to build esteem
- be able to build positive relationships with families, children, staff and volunteers

Sample

Red Raven Child Development Centre

JOB DESCRIPTION*

Job Title: Child Development Assistant

Position Type*: Support Staff

Qualifications and Requirements:

- Minimum age 16*
- Satisfactory criminal record check, including a vulnerable sector search, completed by the RCMP*
- Statement about whether or not there are any outstanding criminal charges, and details*
- Up-to-date immunizations*
- Tuberculosis screening*

* required by the NWT *Child Day Care Standards Regulations*

Job Summary:
The Child Development Assistant is responsible for helping primary staff with the day-to-day operation of the child day care facility by:

- assisting in the delivery of the daily program
- supervising children
- following policies and procedures established by the operator.

Job Duties:

1. Assist in the delivery of the daily program, as requested by a primary staff person. Main duties:
   a. Assist with activities on the daily program
   b. Supervise children during free play, outdoor play and field trips
   c. Assist children with personal tasks – e.g. diapering, dressing for outdoor play, hand washing
   d. Advise a primary staff person of equipment and maintenance needs
2. Follow policies and procedures established by the operator. These include:
   a. Positive Behaviour Policy and Procedures
   b. Parental Involvement Procedures
   c. Emergency Evacuation Procedures
   d. Routines – e.g. snack time, outdoor play
3. Understand and fulfill the role of a support staff person in the operation of the facility:
   a. Carry out administrative duties as requested by a primary staff person
   b. Wash and sanitize equipment and furnishings
   c. Keep information on children and families confidential

sample

   d. Know the location and use of emergency equipment, and emergency contact numbers
4. Pursue ongoing professional development through appropriate courses, seminars or workshops.
5. Perform other duties as required.

Required Knowledge, Skills And Abilities:

Knowledge required
- child development theories and practices
- safe and appropriate environment and activities for children
- an understanding of the NWT cultural environment

Skills required
- problem solving and decision making
- effective verbal and listening communication
- stress management

Personal Attributes required
- able to maintain strict confidentiality in performing duties
- be ability to interact effectively with young children
- be able to build healthy relationships with young children and other staff
- be respectful
- possess cultural awareness and sensitivity
- flexibility
- sound work ethics
- be consistent and fair
- be compassionate and understanding
- be able to build esteem
- able to take direction

Sample

RESOURCE SHEET

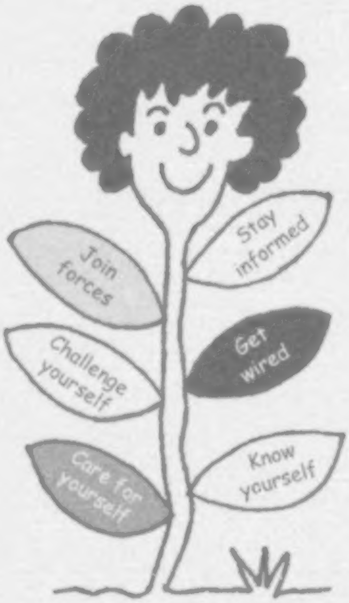
Canadian Child Care Federation

#59

Keeping Current through Lifelong Learning

A diploma or certificate is an important step on a journey of lifelong learning. But as knowledge constantly changes and develops, how do you stay informed? Regular time set aside for personal and professional growth provides you with a sense of satisfaction and accomplishment, keeps you challenged and energized and gives you the motivation to continue. Feel free to expand on the following suggestions as you develop your own personalized strategies for keeping current.

Six Ways to Keep Yourself Growing



1. Stay informed

- Stay abreast of current research – for example, *Research Connections Canada* (CCCF) volumes contain current Canadian research relevant to child care. Check out the Child Care Resource and Research Unit at www.childcarecanada.org on the Internet.
- Build a library of reference materials on early child development.
- Subscribe to magazines and journals such as *Interaction* (CCCF) and *Young Children* (National Association for the Education of Young Children), and to provincial newsletters and bulletins.
- Compile a list of agencies where you can access documents and videos in your community.
- Find out about and attend upcoming conferences. Take workshops on a variety of topics.
- Register for evening courses offered at a local college or via distance education.

2. Join forces

You Bet I Care! consistently found that when care providers are part of a professional child care organization, the quality of child care measurably improves.

- Join a child care organization in your province/territory. Members of provincial/territorial affiliate organizations automatically become members of the Canadian Child Care Federation.
- Join an international organization. Learn how others do things in your work setting, in your community and in your travels.

3. Get wired

- Access to a computer and computer literacy opens many doors. Even if you don't own a computer yourself, you can access one through a friend, colleague, community centre or public library. Set up a free email account.
- Learn how to search the Internet. Bookmark websites of interest. *Child & Family Canada*, www.cfc-efc.ca, is dedicated to the health and well-being of children and families. Share interesting sites you discover with colleagues.
- Join a Listserv that is dedicated to improving the quality of child care and/or is moderated. Be selective in your choice to ensure that dialogue on the list you join is child-centred and professional.

4. Challenge yourself

- Train to become a mentor to new colleagues entering the field. Connect with your provincial/territorial child care organization for contact information.
- Supervise students.
- Volunteer in your community.
- Start a discussion group in your workplace.

5. Know yourself

- Keep a journal. Seek out a mentor. Be open to feedback from colleagues, parents, supervisors.
- Be an active participant in your performance appraisal.
- The Guide to Self-Reflection in *Partners in Quality, Tools for Practitioners in Child Care Settings* (CCCF, 2000) can help you begin to assess your strengths and weaknesses.

6. Care for yourself

- Regularly participate in physical activity — try dancing, yoga, aerobics, swimming, walking etc.
- Nurture your mind, body and spirit — join a choir, take art classes, join a book club, go on regular walks with a friend. Laugh! Have fun!
- Remember that to give your best, you need to be healthy and have a positive outlook on life.

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Code of Ethics

by the Canadian Child Care Federation adapted
from the Code of Ethics of the Early Childhood Educators of B.C.

Introduction

Child care practitioners[1] work with one of society's most vulnerable groups – young children. The quality of the interactions between young children and the adults who care for them has a significant, enduring impact on children's lives. The intimacy of the relationship and the potential to do harm call for a commitment on the part of child care practitioners to the highest standards of ethical practice.

Child care practitioners accept the ethical obligation to understand and work effectively with children in the context of family, culture and community. Child care practitioners care for and educate young children. However, ethical practice extends beyond the child/practitioner relationship. Child care practitioners also support parents[2] as primary caregivers of their children and liaise with other professionals and community resources on behalf of children and families.

The Canadian Child Care Federation and its affiliate organizations recognize their responsibility to promote ethical practices and attitudes on the part of child care practitioners. The following principles, explanations and standards of practice are designed to help child care practitioners monitor their professional practice and guide their decision-making. These ethical principles are based on the *Code of Ethics* of the Early Childhood Educators of B.C. They have been adapted for use by adults who work with children and families in a variety of child care and related settings. They are intended both to guide practitioners and to protect the children and families with whom they work. Professionalism creates additional ethical obligations to colleagues and to the profession.

Eight ethical principles of practice are presented. These principles are intended to guide child care practitioners in deciding what conduct is most appropriate when they encounter ethical problems in the course of their work. Each principle is followed by an explanation and a list of standards of practice that represent an application of the principle in a child care or related setting.

The ethical practice of child care practitioners reflects the eight principles. However, the resolution of ethical dilemmas can be difficult and there will be circumstances in which the ethical principles will conflict. In these difficult situations, it is recommended that child care practitioners carefully think through the likely consequences of giving priority to particular principles. By evaluating the consequences, it may become clear which principle ought to be given more weight. The preferred action should be the one which produces the least amount of avoidable harm. Child care practitioners are also encouraged to consult with colleagues to obtain different perspectives on the problem, always being mindful of confidentiality issues. However, the final decision will be made by the individual practitioner facing the ethical dilemma.

Child care practitioners promote the health and well-being of all children.

Child care practitioners are responsible for the children in their care. They create environments for children that are safe, secure and supportive of good health in the broadest sense. They design programs that provide children with opportunities to develop physically, socially, emotionally, morally, spiritually, cognitively and creatively. A healthy environment for children is one in which each child's self-esteem is enhanced, play is encouraged and a warm, loving atmosphere is maintained.

In following this principle, a child care practitioner:
- promotes each child's health and well-being;
- creates and maintains safe and healthy environments for children;
- fosters all facets of children's development in the context of the child, their family and their community;

The Principles of the Code

- Child care practitioners promote the health and well-being of all children.
- Child care practitioners enable children to participate to their full potential in environments carefully planned to serve individual needs and to facilitate the child's progress in the social, emotional, physical and cognitive areas of development.
- Child care practitioners demonstrate caring for all children in all aspects of their practice.
- Child care practitioners work in partnership with parents, recognizing that parents have primary responsibility for the care of their children, valuing their commitment to the children and supporting them in meeting their responsibilities to their children.
- Child care practitioners work in partnership with colleagues and other service providers in the community to support the well-being of children and their families.
- Child care practitioners work in ways that enhance human dignity in trusting, caring and co-operative relationships that respect the worth and uniqueness of the individual.
- Child care practitioners pursue, on an ongoing basis, the knowledge, skills and self-awareness needed to be professionally competent.
- Child care practitioners demonstrate integrity in all of their professional relationships.

- enhances each child's feelings of competence, independence and self-esteem;
- refrains from in any way degrading, endangering, frightening or harming children;
- acts as an advocate on behalf of all children for public policies, programs and services that enhance their health and well-being; and
- acts promptly in situations where the well-being of the child is compromised.

Child care practitioners enable children to participate to their full potential in environments that are carefully planned to serve individual needs and to facilitate the child's progress in the social, emotional, physical and cognitive areas of development.

Child care practitioners understand the sequences and patterns of child development and cultural influences on those patterns. They use this knowledge to create environments and plan programs that are responsive to the children in their care. Child care practitioners implement programs and use guidance techniques that take into account the ages of the children and individual variations in their development.

In following this principle, a child care practitioner:

- considers cross-cultural variations in child-rearing approaches when assessing child development;
- applies the knowledge that the stages of physical, social, emotional, moral and cognitive development of each child may be different;
- determines where each child is on the various developmental continua and uses that knowledge to create programs that allow for individual differences and preferences; and
- uses developmentally appropriate methods and materials in working with children.

Child care practitioners demonstrate caring for all children in all aspects of their practice.

Caring involves both love and labour. Caring is at the core of early childhood education and is reflected in the mental, emotional and physical efforts of child care practitioners in their interactions with all children. Being cared for and cared about is consistently communicated to all children.

In following this principle, a child care practitioner:

- responds appropriately to each child's expressions of need;
- provides children with experiences that build trust;
- expresses warmth, appropriate affection, consideration and acceptance for children both verbally and non-verbally;
- communicates to children a genuine interest in their activities, ideas, opinions and concerns; and

- supports children as they experience different emotions and models acceptable ways of expressing emotions.

Child care practitioners work in partnership with parents, recognizing that the parents have primary responsibility for the care of their children, valuing their commitment to their children and supporting them in meeting their responsibilities to their children.

Child care practitioners share joint interest in the children in their care while recognizing that parents have primary responsibility for child-rearing and decision-making on behalf of their children. Child care practitioners complement and support parents as they carry out these responsibilities. Through positive, respectful and supportive relationships with parents, child care practitioners advance the well-being of children.

In following this principle, a child care practitioner:
- promotes considerate relationships with the parents of the children in care;
- respects the rights of parents to transmit their values, beliefs and cultural heritage to their children;
- supports parents with knowledge, skills and resources that will enhance their ability to nurture their children;
- encourages and provides opportunities for parents to participate actively in all aspects of planning and decision-making affecting their children; and
- builds upon strengths and competencies in supporting parents in their task of nurturing children.

Child care practitioners work in partnership with colleagues and other service providers in the community to support the well-being of children and their families.

Child care practitioners recognize that nurturing family environments benefit children. Child care practitioners work with other helping professionals to provide a network of support for families.

In following this principle, a child care practitioner:
- supports and encourages families by developing programs that meet the needs of those families being serviced;
- assists families in obtaining needed specialized services provided by other professionals; and
- advocates public policies and community services that are supportive of families.

Child care practitioners work in ways that enhance human dignity in trusting, caring and cooperative relationships that respect the worth and uniqueness of the individual.

Child care practitioners welcome and cherish children unconditionally. They respect the dignity of children, parents, colleagues and others with whom they interact. They demonstrate respect for diversity by valuing individuality and appreciating diverse characteristics including ideas and perspectives.

In following this principle, a child care practitioner:
- communicates respect by practising and promoting anti-bias interactions;
- supports and promotes the dignity of self and others by engaging in mutually enhancing relationships;
- plans inclusive programs that communicate respect for diversity regarding ability, culture, gender, socio-economic status, sexual orientation and family composition; and
- provides opportunities for all children to participate in childhood activities.

Child care practitioners pursue, on an ongoing basis the knowledge, skills and self-awareness needed to be professionally competent.

Early childhood professional practice is based on an expanding body of literature and research. Continuing education is essential. In-service skills training and self-awareness work prepare child care practitioners to fulfil their responsibilities more effectively.

In following this principle, a child care practitioner:
- recognizes the need for continuous learning;
- pursues professional development opportunities;
- incorporates into practice current knowledge in the field of early childhood care and education and related disciplines;
- assesses personal and professional strengths and limitations and undertakes self-improvement;

- articulates a personal philosophy of practice and justifies practices on the basis of theoretical perspectives; and
- shares knowledge to support the development of the field.

Child care practitioners demonstrate integrity in all of their professional relationships.

Child care practitioners are truthful and trustworthy. They communicate honestly and openly and endeavour to be accurate and objective. Child care practitioners treat as confidential information about the children, families and colleagues with whom they work. Information may be shared with colleagues and other helping professionals as required for the care and support of the children or as required by law. Child care practitioners ack nowledge real or potential conflicts of interest and act in accordance with the principles of this code of ethics.

In following this principle, a child care practitioner:

- communicates with children, parents, colleagues and other professionals in an honest, straightforward manner;
- conscientiously carries out professional responsibilities and duties;
- identifies personal values and beliefs and strives to be objective;
- treats as confidential information concerning children, families and colleagues unless failure to disclose would put children at risk; and
- recognizes the potential for real or perceived conflict of interest and acts in accordance with the principles of the code where dual relationships with colleagues or families exist and/or develop.

Notes

1. This code uses the term *child care practitioner* to refer to adults who work in the field of child care including: early childhood educators; family child care providers; family resource program personnel; resource and referral program personnel; and instructors in early childhood care and education programs in post-secondary institutions.

2. This code uses the term "parent" to refer the parent or legal guardian or the adult who assumes the parental role in the care of the child.

SECTION 19

REGULATIONS 66 TO 69

CRIMINAL RECORD CHECKS AND DISCLOSURE OF OUTSTANDING CRIMINAL CHARGES

Section 19

Regulations 66 to 69

CRIMINAL RECORD CHECKS AND DISCLOSURE OF OUTSTANDING CRIMINAL CHARGES

This section looks at the requirements for criminal record checks and related information.

Centre operators

- criminal record check, including a vulnerable sector search, and disclosure of any outstanding criminal charges for all staff before they start work
- updated criminal record check, including a vulnerable sector search, every three years
- updated disclosure of any outstanding criminal charges, each year

Family day home operators

- updated criminal record check, including a vulnerable sector search, for the operator and all adults who usually live in the home, every three years
- updated disclosure of any outstanding criminal charges, for the operator and all adults who usually live in the home, each year

This section also explains:

- what will happen if there are any outstanding charges or a conviction for an offence that was violent, or involved a child
- the requirement for operators to inform the Director at any time if they are aware of any outstanding charges or a conviction for an offence that was violent, or involved a child
- the authority of the Director to ask for additional criminal record checks or statements regarding outstanding criminal charges

REGULATION 66(1)

Criminal Record Check, and Disclosure of Outstanding Criminal Charges, for All Staff Before Starting Work in a Centre

REGULATION 66(2)

Documents in 66(1) Given to the Director

REGULATION 66(3)

Prospective Staff in a Centre – Violent Offence or Offence Involving a Child

66(1)

An operator of a centre day care facility shall ensure that, before a person commences work as a staff person in the facility, the person provides to the operator:

(a) a criminal record check, including a vulnerable sector search, prepared by the Royal Canadian Mounted Police; and

(b) a statement as to whether or not there are any criminal charges outstanding against the person and the details of any such outstanding charges.

66(2)

The operator shall ensure that the Director is provided with copies of the documents received under subsection (1).

66(3)

If a criminal record check or a statement provided under subsection (1) indicates that a prospective staff person has been convicted of or charged with an offence respecting a child, or an offence of a violent nature, and the Director believes that the employment of the prospective staff person would endanger the health, safety or well-being of a child attending the centre day care facility, the Director shall advise the operator that his or her licence may be suspended under subsection 16(1) of the Act if the operator employs the prospective staff person.

Why

- To protect children.
- To consider whether a person with a criminal record that involved violence or a child is appropriate to work in a child care centre.
- To consider whether a person with any outstanding criminal charges that involve violence or a child is appropriate to work in a child care centre.

What it means

☞ This regulation applies only to operators of centres. (Family day home operators see Regulations 2(4)(j) and 68(1) and (2).)

☞ *Before* a staff person can start work the operator must ensure that the staff person obtains a criminal record check, including a vulnerable sector search, from the RCMP. The prospective staff person or RCMP can give the criminal record check to the operator.

☞ *Before* a staff person can start work the operator must ensure that the staff person gives them a statement regarding any outstanding criminal charges, and the details.

☞ The operator must give a copy of the criminal record and outstanding charges information to the Director. (In most cases the Regional Consultant will inspect the documents on behalf of the Director.)

☞ If a prospective staff person has been convicted of an offence ('has a record') or has any outstanding charges that involve a child, or violence, the Director has the authority to suspend the operator's licence *if*:

- the Director believes that employing the person poses a danger to the health, safety or well-being of any child attending the facility, *and*
- the operator hires the person.

Related regulations

⇔ 67(1): Criminal record checks for all staff, including a vulnerable sector search, must be updated every three years. Statements regarding outstanding criminal charges must be updated each year.

⇔ 67(3): If an updated criminal record check, or outstanding criminal charge reveals a violent offence, or an offence involving a child the Director has the authority to suspend the operator's licence if they continue to employ the person.

⇔ 69(1): At any time, if an operator becomes aware that a staff person has been convicted of or charged with an offence that involved violence or a child, the operator must inform the Director as soon as possible.

How to...

✓ Make sure that the qualifications section of all job descriptions includes the following requirements:

- a criminal record check, including a vulnerable sector search, before starting work, and updated every three years,
- a statement regarding any outstanding criminal charges, along with details of those charges, before starting work, and updated each year.

✓ Do not allow any staff person to start work until they have provided you with:

- a criminal record check, including a vulnerable sector search, from the RCMP, and
- a statement saying whether or not they have any outstanding criminal charges, and if so, the details.

✓ If a criminal record check or statement of outstanding criminal charges shows any offence that included violence or a child, contact the Regional Consultant right away.

✓ Allow the Regional Consultant to inspect the criminal record and outstanding charges documents on behalf of the Director.

✓ Do not allow any staff person to start work if you have any information that leads you to believe that the person has any outstanding charges or been found been found guilty of an offence that involved a child or included violence. Talk to the Regional Consultant who will communicate your concerns to the Director.

✓ If the Director believes that hiring the person would endanger the health, safety or well-being of any child attending the facility, do not hire the person.

✓ Keep a copy of the criminal record check and statement of outstanding criminal charges in the employee's personnel file (Regulation 76).

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REGULATION 67(1)

Updated Criminal Record Check, and Disclosure of Outstanding Criminal Charges, for All Staff in a Centre

REGULATION 67(2)

Documents in 67(1) Given to the Director

REGULATION 67(3)

Staff in a Centre – Violent Offence or Offence Involving a Child

67(1)

An operator of a centre day care facility shall ensure that a staff person working in the facility:

(a) every three years, provides to the operator an updated criminal record check, including a vulnerable sector search, prepared by the Royal Canadian Mounted Police; and

(b) each year, provides to the operator an updated statement as to whether or not there are any criminal charges outstanding against the person and the details of any such outstanding charges.

67(2)

The operator shall ensure that the Director is provided with copies of the documents received under subsection (1).

67(3)

If a criminal record check or a statement provided under subsection (1) indicates that a staff person has been convicted of or charged with an offence respecting a child, or an offence of a violent nature, and the Director believes that the employment of the staff person endangers the health, safety or well-being of a child attending the centre day care facility, the Director shall advise the operator that his or her licence may be suspended under subsection 16(1) of the Act unless:

(a) in the case of a conviction, the employment of the staff person is terminated; or

(b) in the case of an outstanding charge, the employment of the staff person is suspended until the disposition of the charge.

Why

- To protect children.
- To consider whether a staff person with a criminal record that involves violence or a child is appropriate to continue working in a child care centre.
- To consider whether a staff person with any outstanding criminal charges that involve violence or a child is appropriate to continue working in a child care centre.

What it means

- This regulation applies only to operators of centres. (Family day home operators see Regulations 2(4)(j) and 68(1) and (2).)
- The operator must ensure that every three years each staff person obtains an updated criminal record check, including a vulnerable sector search, from the RCMP.
- The operator must ensure that once a year each staff person gives them a statement saying whether or not they have any outstanding criminal charges, and the details.
- The operator must give a copy of the criminal record and outstanding charges information to the Director. (In most cases the Regional Consultant will inspect the documents on behalf of the Director.)
- If a staff person has been convicted of an offence ('has a record') that involved a child, or violence, the Director has the authority to suspend the operator's licence *if*:
  - the Director believes that continuing to employ the person poses a danger to the health, safety or well-being of any child attending the facility, *and*
  - the operator does not terminate the person's employment.
- If a staff person has any outstanding charges that involve a child, or violence, the Director has the authority to suspend the licence *if*:
  - the Director believes that continuing to employ the person poses a danger to the health, safety or well-being of any child attending the facility, *and*
  - the operator does not suspend the person until the outstanding charges have been dealt with.

How to...

- ✓ Make sure that the qualifications section of all job descriptions shows that:
  - an updated criminal record check, including a vulnerable sector search, is required every three years, and
  - a statement regarding outstanding criminal charges, including details, is required every year.
- ✓ To avoid problems apply for criminal record checks up to six months before they are needed.
- ✓ Make sure all staff obtain an updated criminal record check, including a vulnerable sector search, every three years and that they give you the criminal record check.
- ✓ Make sure all staff give you a statement saying whether or not they have any outstanding criminal charges, and details, each year.
- ✓ Keep the updated criminal record checks and statements regarding outstanding criminal charges in the employee's personnel file (Regulation 76).
- ✓ Allow the Regional Consultant to review the criminal record and outstanding charges documents on behalf of the Director.
- ✓ If an updated criminal record check, or outstanding criminal charge reveals a violent offence, or an offence involving a child *immediately* talk to the Regional Consultant who will communicate with the Director.
- ✓ Work with, and take direction from the Regional Consultant and Director, as required.

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REGULATION 68(1)

Updated Criminal Record Check, and Disclosure of Outstanding Criminal Charges, for a Family Day Home Operator and All Adults Living in the Home

REGULATION 68(2)

Adult Living in a Family Day Home – Violent Offence or Offence Involving a Child

68(1)

An operator of a family home day care facility shall ensure that each adult who ordinarily resides in the private residence within which the child day care program operates:

(a) every three years, provides to the Director an updated criminal record check, including a vulnerable sector search, prepared by the Royal Canadian Mounted Police; and

(b) each year, provides to the Director an updated statement as to whether or not there are any criminal charges outstanding against the person and the details of any such outstanding charges.

68(2)

If a criminal record check or a statement provided under subsection (1) indicates that an adult who ordinarily resides in the private residence within which the child day care program operates has been convicted of or charged with an offence respecting a child or an offence of a violent nature, and the Director believes that operating the family home day care facility while the adult is present in the residence endangers the health, safety or well-being of a child attending the facility, the Director shall advise the operator that his or her licence may be suspended under subsection 16(1) of the Act unless the operator ensures that the adult is not present in the residence when day care is being provided.

Why

◆ To protect children.

What it means

☞ This regulation applies only to operators of family day homes. (Centre operators see Regulations 66(1) and 67(1).)

☞ The family day home operator and all adults who usually live in the home must get an updated RCMP criminal record check, including a vulnerable sector search, every three years.

☞ The family day home operator and all adults who usually live in the day home must provide a statement saying whether or not they have any outstanding criminal charges, and details, each year.

☞ The operator must give a copy of the criminal record and outstanding charges documents to the Director. (In most cases the Regional Consultant will inspect the documents on behalf of the Director.)

☞ If an adult who lives in a family day home has been convicted of an offence ('has a record') or has any outstanding charges that involve a child, or violence, the Director has the authority to suspend the operator's licence *if*:

- the Director believes that the adult poses a danger to the health, safety or well-being of any child attending the facility, *and*
- the operator cannot or does not ensure that the person is not in the home when children are being cared for.

Related regulations

⇔ Regulation 2(4)(j): The Application for a Licence must include a criminal record check, including a vulnerable sector search, and a statement regarding outstanding criminal charges, for the family day home licence applicant and all adults who usually live in the home.

How to...

✓ To help ensure your licence is renewed, apply for updated criminal record checks at least six months before they are due – every three years – for you and all adults who usually live in the home.

✓ The criminal record checks need to include a vulnerable sector search.

✓ Provide updated statements regarding outstanding criminal charges, and details, each year, for you and all adults who usually live in the home.

✓ Keep the updated criminal record and outstanding criminal charges documents, for you and each adult who usually lives in the home, in the file required by Regulation 77.

✓ Allow the Regional Consultant to review the criminal record and outstanding charges documents on behalf of the Director.

✓ If you or an adult who lives in the home has been charged with or convicted of an offence that involved a child or was violent *immediately* talk to the Regional Consultant who will communicate with the Director.

✓ Work with and take direction from the Regional Consultant and Director, as required.

Resources

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REGULATION 69(1) (2) AND (3)

Additional Requirements Regarding Convictions, Outstanding Criminal Charges, Updated Criminal Record Checks and Statements of Outstanding Criminal Charges

69(1)

An operator who, at any time, becomes aware that a staff person or, in the case of a family home day care facility, an adult who ordinarily resides in the private residence within which the child day care program operates, has been convicted of or charged with an offence, shall report the information to the Director as soon as possible.

69(2)

The Director may, at any time, require an operator to provide updated information respecting the criminal record of or outstanding charges against a staff person, or in the case of a family home day care facility, an adult who ordinarily resides in the private residence within which the child day care program operates.

69(3)

If a report made under subsection (1) or information provided under subsection (2) indicates that a staff person, or in the case of a family home day care facility, an adult who ordinarily resides in the private residence within which the child day care program operates, has been convicted of or charged with an offence respecting a child or an offence of a violent nature, subsection 67(3) or 68(2), as the case may be, applies.

Why

◆ To protect children.

What it means

☞ This regulation is in addition to updated criminal record checks every three years and statements regarding outstanding criminal charges every year.

☞ *At any time* the operator must immediately inform the Director if:

- the operator of a centre has any knowledge that a staff person has been convicted of or charged with an offence involving a child or violence,
- the operator of a family day home has any knowledge that an adult who usually lives in the home has been convicted of or charged with an offence involving a child or violence.

☞ The Director can ask for updated criminal record information, and updated disclosure of criminal charges, at any time – for staff at a centre, or adults who live in a family day home.

☞ For convictions or outstanding criminal charges the procedures are the same as in Regulation 67(3) for centres and 68(2) for family day homes.

How to...

✓ Inform the Regional Consultant *immediately*, if you become aware of a conviction or outstanding criminal charge for:

- a staff person in a centre, or
- an adult who lives in a family day home.

✓ Work with and take direction from the Regional Consultant and Director, as required.

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Royal Canadian Mounted Police Gendarmerie royale du Canada

Canada

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Detachments in the Northwest Territories

To **report a crime, or for immediate police assistance** , contact your local RCMP detachment or the police service of jurisdiction in your area.

Headquarters
Bag 5000
5010 - 49th Avenue (Henry Larsen Building)
Yellowknife, NWT X1A 2R3
Telephone: 867-669-5100

Detachment	Address	Telephone	Email
Aklavik	BOX 115 Aklavik X0E 0A0	(867) 978-1111	GDIV_AKLAVIK_DETACHMENT@rcmp-grc.gc.ca
Behchoko	BOX 7 Behchoko X0E 0Y0		GDIV_BEHCHOKO_DETACHMENT@rcmp-grc.gc.ca
Deline	BOX 200 Deline X0E 0G0	(867) 589-1111	GDIV_DELINE_DETACHMENT@rcmp-grc.gc.ca
Fort Good Hope	General Delivery Fort Good Hope X0E 0H0	(867) 598-1111	GDIV_FORT_GOOD_HOPE_DETACHMENT@rcmp-grc.gc.ca
Fort Liard	General Delivery Fort Liard X0G 0A0	(867) 770-1111	GDIV_FORT_LIARD_DETACHMENT@rcmp-grc.gc.ca
Fort McPherson	BOX 88 Fort Mcpherson X0E 0J0	(867) 952-1111	GDIV_FORT_MCPHERSON_DETACHMENT@rcmp-grc.gc.ca
Fort Providence	General Delivery Fort Providence X0E 0L0	(867) 699-1111	GDIV_FORT_PROVIDENCE_DETACHMENT@rcmp-grc.gc.ca
Fort Resolution	General Delivery	(867) 394-1111	GDIV_FORT_RESOLUTION_DETACHMENT@rcmp-grc.gc.ca

	Fort Resolution X0E 0M0		
Fort Simpson	BOX 210 Fort Simpson X0E 0N0	(867) 695-1111	GDIV_FORT_SIMPSON_DETACHMENT@rcmp-grc.gc.ca
Fort Smith	BOX 26 Fort Smith X0E 0P0	(867) 872-1111	GDIV_FORT_SMITH@rcmp-grc.gc.ca
Gameti	C/O Behchoko BOX 7 Behchoko X0E 0Y0		GDIV_GAMETI_DETACHMENT@rcmp-grc.gc.ca
Hay River	38 Capital DR Hay River X0E 1G2	(867) 874-1111	GDIV_HAY_RIVER_DETACHMENT@rcmp-grc.gc.ca
Holman	General Delivery Holman X0E 0S0	(867) 396-1111	GDIV_BEHCHOKO_DETACHMENT@rcmp-grc.gc.ca
Inuvik	BOX 1300 Inuvik X0E 0T0	(867) 777-1111	GDIV_INUVIK_DETACHMENT@rcmp-grc.gc.ca
Lutsel K'e	BOX 108 Lutsel K'e X0E 1A0	(867) 370-1111	GDIV_LUTSEL_KE_DETACHMENT@rcmp-grc.gc.ca
Norman Wells	BOX 100 Norman Wells X0E 0V0	(867) 587-1111	GDIV_NORMAN_WELLS_DETACHMENT@rcmp-grc.gc.ca
Paulatuk	BOX 99 Paulatu k X0E 1N0	(867) 580-1111	GDIV_PAULATUK_DETACHMENT@rcmp-grc.gc.ca
Rae	BOX 7 Rae X0E 0Y0	(867) 392-1111	GDIV_GAMETI_DETACHMENT@rcmp-grc.gc.ca
Sachs Harbour	PO Box 12 Sachs Harbour X0E 0Z0	(867) 690-1111	GDIV_SACHS_HARBOUR_DETACHMENT@rcmp-grc.gc.ca
Tuktoyaktuk	BOX 58 Tuktoyaktuk X0E 1C0	(867) 977-1111	GDIV_TUKTOYAKTUK_DETACHMENT@rcmp-grc.gc.ca
Tulita	General Delivery Tulita X0E 0K0	(867) 588-1111	GDIV_TULITA_DETACHMENT@rcmp-grc.gc.ca
Ulukhaktok	BOX 159 Ulukhaktok X0E 0S0		GDIV_ULUKHAKTOK_DETACHMENT@rcmp-grc.gc.ca
Wha Ti	General Delivery	(867) 573-1111	GDIV_WHAT_TI_DETACHMENT@rcmp-grc.gc.ca

	Wha Ti X0E 1P0		
Wrigley	c/o Fort Simpson BOX 210 Fort Simpson X0E 0N0		GDIV_WRIGLEY_DETACHMENT@rcmp-grc.gc.ca
Yellowknife (general inquiries)	BOX 5000 Yellowknife X1A 2R3	(867) 669-5200	GDIV_YELLOWKNIFE_DETACHMENT@rcmp-grc.gc.ca

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SECTION 20

REGULATIONS 70 TO 75

CARE AND SUPERVISION OF CHILDREN

20. Care and Supervision of Children

Section 20

Regulations 70 to 75

CARE AND SUPERVISION OF CHILDREN

Centre operators

This section looks at staff requirements. Operators must have:

- enough staff on duty to meet prescribed child to staff ratios, and maximum group sizes
- at least one primary staff person on duty when there are children in the facility
- at least two staff on duty when there are seven or more children in the facility
- at least half of the staff on duty = primary staff

It also discusses other conditions that must be met:

- the name of the primary staff person who is the contact between the facility and the Director
- the name of the primary staff person in charge of the daily operation of the facility

Family day home operators

This section explains:

- the maximum number of children of any given age, including the operator's own children
- the requirement for a substitute to supervise the children for short periods of time, or in an emergency

All operators

All operators must:

- ensure constant supervision of children
- provide care only for the number of children stated on the licence, including the operator's own children
- ensure that when volunteers are with children they are directly supervised by a primary staff person

REGULATION 70

Minimum Supervision of Children, and Supervision of Volunteers

An operator shall ensure that:

(a) no child attending a child day care facility is left without supervision; and

(b) while a volunteer is in the company of one or more children who attend the child day care facility, the volunteer is in the presence and under the supervision of a primary staff person.

Why

◆ To ensure that all children are supervised at all times.

◆ To ensure direct supervision of volunteers – who do not need to have any qualifications or a criminal record check.

What it means

☞ All children must be supervised at all times.

☞ When a volunteer is working with children, the volunteer must be supervised by a primary staff person, and must work where the primary staff person can see them.

☞ Volunteers include parents.

Related regulations

⇔ 65: There are limits on the degree to which volunteers can assist with the early childhood program.

How to...

✓ Take the time to read and understand the regulations which explain staffing and supervision requirements:

- regulations 71 to 74 explain requirements for centres,
- regulation 75 explains requirements for family day homes.

✓ Remember that parents are volunteers and they must be directly supervised by a primary staff person if they are working with children, other than their own child.

✓ If you need help ask the Regional Consultant.

REGULATION 71(1)

Minimum Number of Primary Staff On Duty in a Centre

An operator of a centre day care facility shall ensure that any time children are in attendance at a child care facility:

(a) there is at least one primary staff person working in the facility; and

(b) there are at least as many primary staff persons working in the facility as there are support staff persons working in the facility.

Why

- To ensure that a primary staff person is in charge at all times.
- To ensure that at least half of the staff on duty at any given time are primary staff with the qualifications required by Regulations 61(1) and (2).
- To ensure that there are enough primary staff persons to directly supervise volunteers (Regulation 70).

What it means

- This regulation applies only to operators of centres.
- There must be at least one primary staff person on duty whenever children are present in the facility.
- At least half of the staff on duty at any given time must be primary staff persons. For example:

Total Number of Staff On Duty	**Number of Primary Staff On Duty**
1	1
2	1
3	2
4	2
5	3
6	3
Etc.	Etc.

Related regulations

- 73(1): The number of staff who must be on duty depends on how many children are in the facility and how old the children are.
- 74(1): In *addition* to 73(1) when there are seven or more children present in a centre, there must be at least two staff persons on duty, regardless of the age of the children.

How to....

- Develop staff schedules and routines to ensure that:
  - whenever there are children in the facility, at least half of the staff on duty are primary staff,
  - when support staff and volunteers are with children:
    - support staff usually work where they can be seen by a primary staff person, and
    - volunteers, including parents, always work where they can be seen by a primary staff person.
- Post these schedules so that everyone is aware of them.
- Pay extra attention to staff and volunteer schedules during excursions to ensure that children are supervised at all times, and that primary staff can see and supervise volunteers at all times.

REGULATION 71(2) AND (3)

Notification to the Director of Primary Staff Persons in a Centre

71(2)

An operator of a centre day care facility shall identify to the Director in writing:

(a) the name and address of one primary staff person who is the contact person for communications between the child day care facility and the Director; and

(b) the name of one primary staff person who is the person in charge of the day to day operation of the child day care facility.

71(3)

An operator shall immediately inform the Director in writing of any change to the person named under paragraph (2)(a) or (b).

Why

- ◆ The Director and Regional Consultant need to know who to communicate with about the centre, and who is in charge of the daily operation of the centre.

What it means

- ☞ This regulation applies only to operators of centres.
- ☞ The operator must identify primary staff persons as per (a) and (b) in the shaded box.
- ☞ The same primary staff person could be identified for both (a) and (b), or it could be two different people.
- ☞ If either of the people identified for (a) and (b) change, the operator must notify the director immediately.

How to...

- ✓ Choose your most experienced and competent primary staff person(s) to communicate with the Director and oversee the day to day operation of the facility.
- ✓ Provide the name or names to the Regional Consultant who will pass the information on to the Director.
- ✓ If there are any changes to the contact person or person in charge of the day to day operation of the facility inform the Regional Consultant right away.

REGULATION 72(1) AND (2)

Maximum Number of Children Stated on the Licence

72(1)
Subject to these regulations, an operator of a child day care facility may provide a child day care program for the number of children as set out in the licence in respect of that facility.

72(2)
For greater certainty, the number of children at a child day care facility includes any children of the operator of the facility who are present at the facility when day care is being provided.

Why

✓ To set a limit on the number of children that can be present in the facility when it is operating.

What it means

☞ This regulation applies to all operators.

☞ The licence states the number of children that can attend the early childhood program, at any given time. (Two part-time children could share the same licenced space, as long as they are not there at the same time.)

☞ The maximum number includes the operator's own children.

Related regulations

⇔ 3(3): The licence must state the maximum number of children who may attend the facility at any given time, and in the case of a family day home the maximum is eight.

REGULATION 73(1) AND (2)

Staff to Child Ratios and Group Sizes in a Centre

73(1)

An operator of a centre child day care facility shall provide for the minimum staff to child ratio, and maximum group size set out in the Schedule.

73(2)

The maximum group size set out in the Schedule does not apply when children are having meals, taking naps or taking part in special activities.

Why

- To ensure that there are enough staff to provide adequate care, instruction and supervision for all children at all times.
- To ensure that there are enough staff to quickly evacuate the facility or handle any other emergency.

What it means

- This regulation applies only to operators of centres.
- The Regulations include a Schedule that explains the number of staff needed and the maximum group size. (The Schedule is at the end of the Regulations.)
- The operator must ensure that there are enough staff on duty to meet the staff to child ratio and maximum group size required by the Schedule. (See example after the Schedule below.)
- The maximum group size does not apply during meal, nap and special activity times – in other words the operator can have more children in a group than the Schedule permits, but only during naps, meals or special activities. (Note: The number of staff required during meal, nap and special activity times does NOT change. There must always be the number of staff required by the Schedule.)
- Examples of special activities include seasonal parties and guest speakers.
- The operator cannot count volunteers in the staff to child ratio. Volunteers must be in addition to the minimum staff required.

The Schedule:

If children are cared for in single age groupings

Age of Child	Minimum Staff to Child Ratio	Maximum Group Size
0-12 months	1:3	6
13-24 months	1:4	8
25-35 months	1:6	12
3 years	1:8	16
4 years	1:9	18
5-11 years	1:10	30

- Using children from 1-12 months as an example, the Schedule means there must be:
  - one staff person for every three children aged 1-12 mo.
    - If there are 4 children there must be two staff persons.
  - not more than 6 children aged 1-12 mo. in a group.
    - If there are seven children they must be in two groups.

If children are cared for in mixed are groupings

Age of Children	Minimum Staff to Child Ratio	Maximum Group Size
0 – 24 months	1:4	8
25 months – 5 years (child not enrolled in school for the full day)	1:8	16
4 years 8 months (child enrolled in school for the full day) – 11 years	1:10	30

Related regulations

- 70: If children are with a volunteer the volunteer must be working where they can be seen and supervised by a primary staff person.
- 71(1)(a): There must be at least one primary staff person on duty whenever there are children in the facility.
- 71(1)(b): Whenever there are children in the facility at least half of the staff on duty must be primary staff.
- 74(1): In addition to the schedule in 73(1) operators must ensure that there are at least two staff on duty when there are seven or more children present at the facility.

How to...

✓ Take the time to review the number of children in each age group and calculate the number of staff you need. For example:

Age of Children	Number of Children	Ratio	Number of Staff Required
6 – 24 months	3	1:4	3 children/4 = .75
25 months – 5 years (and not in school full day)	14	1:8	14 children/8 = 1.75
Total	17		2.5*

*You must always 'round up' the number of staff needed. The operator of the facility in this example would need 3 staff on duty. Two staff would have to be primary staff in order to meet the requirement that at least half of staff = primary staff.

✓ Ask the Regional Consultant for help if needed.

✓ Make sure that all staff and volunteers are aware of the requirements of the Schedule.

✓ Include staffing ratio information in the parent handbook.

✓ Have a list of "subs" that you can call on if a staff person is sick. Be clear about what you expect a sub to do, and what you do not want them to do. Orient them to the facility, program and emergency procedures.

✓ Make sure subs give you a criminal record check, including a vulnerable sector search, and a statement regarding outstanding criminal charges.

✓ During mealtimes, nap times, and special activities, all staff must be in close proximity to the children to assist if needed.

REGULATION 74(1) AND (2)

Minimum Number of Staff On Duty in a Centre

74(1)

Notwithstanding the requirements set out in the Schedule, an operator of a centre day care facility shall ensure that at least two staff persons are on duty when more than six children are present at the facility.

74(2)

One of the two staff persons referred to in subsection (1) must have no responsibilities other than the care of the children attending the facility.

Why

◆ To ensure that there are enough staff to provide adequate care, instruction and supervision of all children at all times.

What it means

- ☞ This regulation applies only to operators of centres.
- ☞ This regulation is in *addition* to the requirements of the Schedule (Regulation 73(1).) It does not replace or contradict the Schedule.
- ☞ This regulation applies whenever there are seven or more children in the centre.
  - For example: If there are seven children in the facility, all between the ages of 25 months and 5 years, the operator must have 2 staff on duty – even though the Schedule says that the staff to child ratio for this age group is 1:8.
- ☞ One staff person must be doing nothing other than taking care of the children – no snack prep, no phone calls, no administrative tasks, etc.
- ☞ At least one of the staff persons must be a primary staff person.

Related regulations

- ⇔ 71(1)(a): There must be at least one primary staff person on duty whenever there are children in the facility.
- ⇔ 71(1)(b): Whenever there are children in the facility at least half of the staff on duty must be primary staff.

How to...

- ✓ Make sure there are at least two staff on duty whenever there are seven or more children in the facility. At least one person has to be a primary staff person.
- ✓ Monitor when children arrive and depart to help decide when a second staff person will be needed. For example, if the facility opens at 7:00 AM, two children arrive before 8:00 AM, and the rest arrive between 8:00 AM and 9:00 AM, then only one primary staff person is needed for that first hour.

REGULATION 75(1)

Maximum Number of Children in a Family Day Home

A family home day care operator shall ensure that, at any given time, the following conditions, as applicable, are met:
(a) not more than six of the children cared for at the facility are under six years of age;
(b) not more than three of the children are under three years of age; and
(c) not more than two of the children are under two years of age.

Why

◆ To ensure the adequate care, instruction and supervision of all children at all times.

What it means

☞ This regulation applies only to operators of family day homes.
☞ The maximum number of children in a family day home is eight, including the operator's own children:
☞ up to six can be less than six years old,
☞ up to three can be less than three years old, and
☞ up to two can be less than two years old.
☞ The operator of a family day home does not have to meet the staffing ratios required by the Schedule (Regulations 73 and 74).

Related regulations

⇔ 3(3): The maximum number of children in a family day home is 8.
⇔ 72(2): The number of children includes the operator's own children.

REGULATION 75(2)

Supervision in a Family Day Home

An operator of a family home day care facility shall ensure that children attending the facility are supervised at all times by:

(a) the operator; or

(b) for short periods of time or in the case of an emergency, by a substitute who has been approved by the Director.

Why

◆ To ensure that all children are supervised at all times.

What it means.

- ☞ This regulation applies only to operators of family day homes.
- ☞ The family day home operator must supervise children at all times.
- ☞ The family day home operator must have a back-up person, approved by the Director, who can supervise the children for short periods of time, or in the event of an emergency.

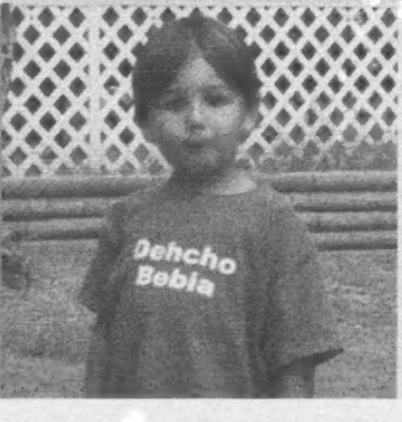
How to...

- ✓ Identify a back-up person who can fill in for you for short periods of time or during an emergency – for example if you have a medical appointment or if you cut yourself badly and have to go the hospital or health centre for stitches.
- ✓ Schedule personal appointments, such as hair appointments, outside the hours of operation of the family day home.
- ✓ Make sure your back-up person gives you a criminal record check, including a vulnerable sector search, and a statement regarding outstanding criminal charges.
- ✓ Make sure the person provides updates of these – every three years for a criminal record check and every year for a statement of outstanding criminal charges.
- ✓ Give the name of a back-up person to the Regional Consultant for approval by the Director.

SECTION 21

REGULATIONS 76 TO 77

FILES FOR STAFF AND OPERATORS



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Section 21

Regulations 76 and 77

FILES FOR STAFF AND OPERATORS

This section explains files that centre operators have to keep for all staff, and that family day home operators have to keep on themselves and all adults who usually live in the home.

REGULATION 76

Files for All Staff in a Centre

An operator of a centre day care facility shall keep a file for each staff person working at the child day care facility, with the following information:

(a) the immunization record and evidence of TB screening provided under subsection 46(2);
(b) the job description referred to in subsection 59(1);
(c) in the case of primary staff;
    (i) information demonstrating qualifications under subsection 61(1)(b); and
    (ii) proof of certification referred to in subsection 61(2) or exemption under subsection 61(3);
(d) in the case of a support staff person, proof of age;
(e) the criminal record checks referred to in sections 66 and 67.

Why

◆ A file for each staff person gives operators a way to file and keep track of information necessary for or relevant to the person's employment.

What it means

☞ This regulation applies only to operators of centres. (Family day home operators, see Regulation 77.)

☞ The operator must set up a file for each staff person where they keep documents listed in the shaded box.

☞ If the operator works at the facility there must be a staff file for the operator.

How to...

✓ Set up a filing system for staff files – for example a filing cabinet with staff files organized alphabetically.

✓ Files for *all* staff persons must include:
- proof of age – 19 for primary staff and 16 for support staff
- signed job description
- immunization record
- evidence of TB screening
- current criminal record check, including a vulnerable sector search completed by the RCMP
- current statement saying whether or not they have any outstanding criminal charges, and details

✓ In addition, the file for each primary staff person must include copies of:
- qualifications – e.g. Certificate in Child Development
- current first aid certificate
- current infant/child CPR certificate

✓ Use the personnel files to keep documentation of annual training, as required by Regulation 62(2).

REGULATION 77

File for a Day Home Operator

An operator of a family home day care facility shall keep a file with the following information:

(a) in the case of the operator, the immunization record and evidence of TB screening required under subsection 47;

(b) in the case of the operator, proof of certification referred to in subsection 63(2) or exemption under subsection 63(3);

(c) in the case of the operator and any adult who ordinarily resides in the private residence within which the child day care program operates, the criminal record checks referred to in section 68.

Why

◆ Information about the operator and any adults who usually live in a family day home needs to be readily available for review by the Director and Regional Consultant.

What it means

☞ This regulation applies only to operators of family day homes. (Centre operators, see Regulation 76.)

☞ The operator must set up a file where they keep documents listed in the shaded box.

How to...

✓ Keep a file with the following information:

- your immunization record
- evidence of your TB screening
- your current first aid certificate
- your current infant/child CPR certificate
- your current criminal record check, including a vulnerable sector search, completed by the RCMP
- your updated statement saying whether or not you have any outstanding criminal charges, and details
- current criminal record checks including a vulnerable sector search, completed by the RCMP for all adults who usually live in the home
- updated statements saying whether or not there are any outstanding criminal charges, and details, for all adults who usually live in the home

✓ Use the file to keep documentation of annual training, as required by Regulation 64.

✓ Have the file available for review by the Regional Consultant or Director if required.